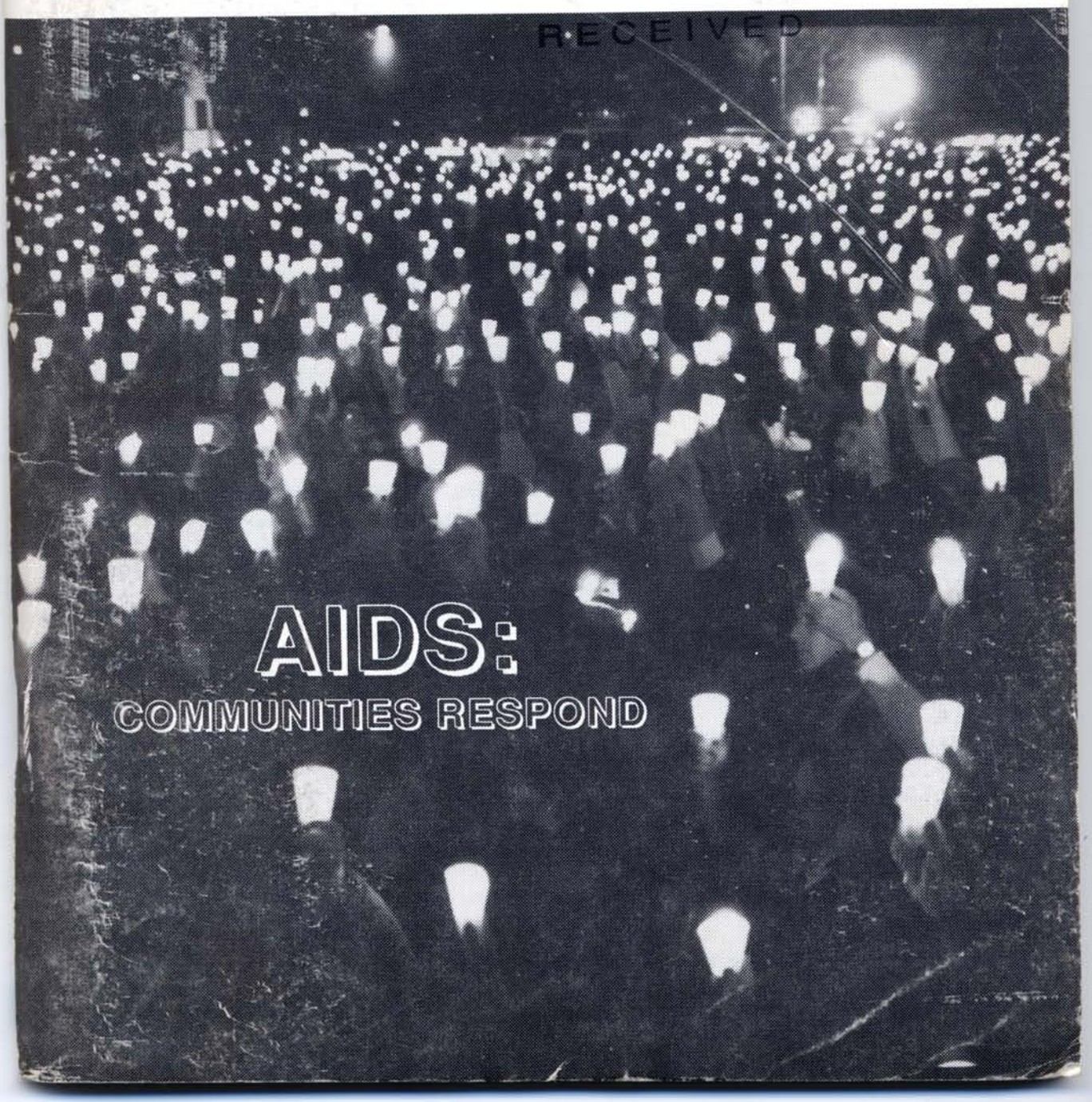
WEST BANK/GAZA REPORT * PACKAGING THE *CONTRAS*

RADICAL AMERICA

LIBRARY
JUN 28 1988
RECEIVED

VOL. 21, Nos. 2-3 $4.95



AIDS: COMMUNITIES RESPOND

Editors: Margaret Cerullo, John Demeter, Rob Elias, Marla Erlien, Elizabeth Francis, Evelynn Hammonds, Ann Holder, Bill Hoynes, Judy Housman, Donna Penn, Cynthia Peters, Leigh Peake, Ken Schlosser, Hassan Vakili, Kim Westheimer, and Deb Whippen.

Associate Editors: Peter Biskind, Carl Boggs, Frank Brodhead, Paul Buhle, Margery Davies, Ellen Du Bois, Barbara Ehrenreich, John Ehrenreich, Phyllis Ewen, Dan Georgakas, Matthew Goodman, Ted German, Martin Glaberman, Jeff Goldthorpe, Linda Gordon, Jim Green, Mike Hirsch, Allen Hunter, Joe Interrante, Mike Kazin, Ken Lawrence, Staughton Lynd, Mark Naison, Jim O'Brien, Sheila Rowbotham, James Stark, Gail Sullivan, Annmarie Troger, Martha Vicinus, Stan Weir, David Widgery, Ann Withorn, and Renner Wunderlich.

Vol. 21, Nos. 2-3 March-April 1987 (Mailed May 1988)

RADICAL AMERICA (USPS 873-880) is published five times a year (bimonthly except for a single issue March through June) by the Alternative Education Project, Inc. at 1 Summer Street, Somerville MA 02143; (617) 628-6585. Copyright © 1988 by *Radical America*. Unauthorized xeroxing or other republication without the express permission of the journal is prohibited. Subscription rates: $15 per year; $26 for two years; $10 per year for unemployed, retired, or fixed income. Free to prisoners. Add $3 per year to all prices for foreign subscriptions. Double rates for institutions and libraries. Bulk rates: 40% reduction from cover price for five or more copies. US distribution by Carrier Pigeon. Printing by *Neuberg Photography & Printing*, Hayfork, CA 96041. Typesetting by *Gay Community News*. Typos and mistakes by Alfred E. Newman. ISSN 0033-7617.

Second class postage paid at Boston, Mass. and additional post offices.

POSTMASTER: Send address changes to RADICAL AMERICA, 1 Summer Street, Somerville, MA 02143.

RADICAL AMERICA is available on microfilm from Xerox University Microfilms, 300 North Zeeb Road, An Arbor, MI 48106, and indexed in Alternative Press Center Index, P.O. Box 7229, Baltimore, MD 21218. It is als indexed in *America: History and Life, Sociological Abstracts*, and *Women's Studies Abstracts*.

RADICAL AMERICA is a member of the Alternative Press Syndicate.

RADICAL AMERICA

VOL. 21, NOS. 2-3

INTRODUCTION 2

LETTER FROM THE WEST BANK AND GAZA 6
Jeanne Butterfield

AIDS IN AFRICA: The Western Imagination and the Dark Continent 17
Margaret Cerullo and Evelynn Hammonds

MULTI-CULTURAL CONCERNS AND AIDS ACTION: Creating an Alternative 24
Paula Johnson, Doralba Muñoz, and Jose Pares

MORE THAN THE STORY OF A VIRUS: Gay History, Gay Communities and AIDS 35
Robert Padgug

POEM 43
Walta Borawski

LIVING WITH AIDS 44
Patrick Grace

SOON TO BE A MADE-FOR-TV MOVIE: Randy Shilts, *And The Band Played On* 49
Kevin Cathcart

DEATH AND THE EROTIC IMAGINATION 61
Michael Bronski

NIGHT VISIONS: Toward a Lesbian/Gay Politics for the present 68
Margaret Cerullo

PACKAGING THE CONTRAS: A Case of CIA Disinformation 74
Edgar Chamorro

INTRODUCTION

There have been 17,000 more cases of AIDS diagnosed in the U.S. since our special issue, "Facing AIDS," went to press in August 1987, and another 6,000 deaths. Much of what we anticipated and feared has come to pass in the intervening eight months. Not only have the numbers continued to rise, the shifting demographics of the disease are now unavoidable: people of color account for an increasing proportion of total AIDS cases; and studies of new infection indicate this pattern will continue and intensify. The endless numbers are numbing; to keep in focus their human face has become a political task. The "Names Project," the extraordinary quilt made square by square by lovers, friends and family of people who have died of AIDS, has been one moving attempt to represent the dimensions of love and loss experienced as a result of this epidemic. The interview we present with the Multi-Cultural Concerns Committee (MCC) of Boston's AIDS Action Committee unfolds a process whereby the numbers and the demographics come into focus for community activists who realize that large numbers of people in communities of color — young people — are becoming sick and dying of AIDS in secrecy and isolation.

In our previous issue, we presented an overview of the epidemic, particularly challenging the creation of "risk groups" as a way of describing the contours of the disease. We were

concerned that the identification of gay men, prostitutes, i.v. drug users and "the promiscuous" would produce certain kinds of reactions (expendability) and lock in a societal response that undermines efforts to halt transmission — by promoting the idea that avoiding certain "kinds of people" would keep one "safe." In this issue, we begin a process of trying to get inside various community efforts to confront the epidemic. From inside the communities, we can see how the portrayal of AIDS, the premise of expendability, and the characterization of various risk groups has shaped the ability of communities to mobilize.

Heterosexual Spread

Embedded in the notion of "risk groups" is the idea that the virus is spread into other parts of the population where it didn't already exist. That regular people only get it by contact with someone who is part of a group that harbors the disease. In recent months we have followed the continuing discussion of heterosexual AIDS. The relentless debate about whether "we" will be affected, whether "our" sexuality will be transformed. Many stories in the mainstream press note with relief that in fact, AIDS doesn't seem likely to crossover, that is, into the white middle-class heterosexual population. That relief with its underpinnings of who is valuable and who is not becomes very stark when we see articles in the *New York Times* that declare heterosexuals safe juxtaposed with reports that one in sixty babies in the New York area are born HIV positive.

More than the Story of a Virus

The post-Stonewall development of a public world for gays sets the stage for the expansive mobilization against AIDS that has, over the past six years, characterized the response by gay men. Since gay male communities were the sites where gay men created sexual identities, where the meaning of being gay was formed, the fact of AIDS being a sexually transmitted disease demanded a collective response to the crisis. According to Robert Padgug, AIDS has shaken the institutions and sexual definitions gay men have developed, yet because "gay male sex was a product of a community, not merely of a group of pre-existing homosexual individuals" new sexual identities are being built to defeat the spread of AIDS. The degree of self-acceptance created within the community since Stonewall and demonstrated in Washington, DC at the March for Lesbian and Gay Rights has taken public form in the massive confrontation with the medical establishment, state and federal governments, and public consciousness. Margaret Cerullo in "Night Visions" identifies how gay identity, community and gay politics are inseparable from a public contest over the meaning of gayness.

The articles in this issue demonstrate how the response to AIDS has begun shifting the political landscape within the communities most affected by the epidemic. At stake is who will speak, whose voice will represent the gay community or communities of color.

The question of race and how the disproportionate impact of AIDS on communities of color will be represented has been a much debated element among the "leadership" of the black and Latin communities. Hidden beneath that public discussion and exposed in the Multi-Cultural Concerns Committee interview is the struggle to deal openly with AIDS and especially the questions of sexuality raised by the high percentages of male to male transmission within those communities. Who will speak for and to the communities? Caught between an AIDS organization that failed to become multicultural and agencies within their own communities that have been slow to respnod, MCC attempts to present an alternative voice. In challenging agencies to address sexual diversity, MCC comes up against community proscriptions against homosexuality and bisexuality. As Paula Johnson asks, will the established leadership coopt such a discussion of AIDS to advocate for their own moral agenda? Or will the people's need to know and desire to respond by-pass the leadership? The schism continues between "black," "Latin," and "gay," yet, a disproportionate number of gay male AIDS cases are among black and Latin men, who often go unrecognized by both communities.

Kevin Cathcart's review of Randy Shilts' *And The Band Played On* demonstrates how the question of leadership has become a site of

debate in the gay community. From the standpoint of the mass media, Shilts gains voice as a legitimate representative. From within the gay community, activists have tried to wrest control from both the popular media and "spokesmen" like Shilts to define the impact of the epidemic on gay men and shape the discussion that surrounds AIDS. Particularly offensive is Shilts' dismissal of the struggle of AIDS sufferers to represent themselves, as "people with AIDS" rather than victims recently handed a death sentence. Patrick Grace in his speech, "Living with AIDS," describes his battle with doctors, politicians, clergy and government agencies in his fight to survive the disease and how being based within a social movement empowers him to do so. Michael Bronski speaks from inside the gay male community and challenges the gay movement to develop new ways of dealing with loss and devastation, emphasizing how little the traditions of the Left contribute to this project.

In their article on AIDS and Africa, two RA editors expose the (mis)representation campaign that underlies western popular and scientific investigations of AIDS in those countries. Examining the story the west tells itself about AIDS and Africa, we learn more about the western imagination than about African realities.

As images of the Palestinian uprising flash on and off of our television screens, the words of US and Israeli officials provide the primary accompaniment. While debates rage about the implications of the uprising both for the future of the occupied territories and for US policy in the region, the voice of the Palestinians themselves remains largely unheard. Jeanne Butterfield's "Letter From the West Bank and Gaza" helps to remedy this situation. Based on her February trip to the territories, Butterfield weaves together a description of life in the West Bank and Gaza during the uprising with an analysis of its roots. Throughout, she allows the people of the West Bank and Gaza to tell their story.

We have also been bombarded in recent weeks by images of the militarization of Central America. US troops parachuting into Honduras, US officials talking tough about Panama, and an electoral victory to the party of the death squads in El Salvador. At the same time, prospects for an end to the US sponsored war on Nicaragua are improving. Still, however, the US Congress seems determined to approve more *contra* aid, even as peace talks in Nicaragua continue. As an example of how "truth" can be constructed, we present in this issue excerpts from former *contra* leader Edgar Chamorro's "Packaging The *Contras*." As the news from Central America filters through Washington in to our living rooms, Chamorro's story of disinformation and deception will be a valuable resource.

Women in the West Bank, Jeanne Butterfield photo.

Media and Current Affairs

A monograph series on the uses of the media, misinformation and disinformation from official sources and the making of public policy, published by the

INSTITUTE FOR MEDIA ANALYSIS, Inc.
145 W. 4th St. New York NY 10012
(212) 254-1061

Now available:

PACKAGING THE CONTRAS: A Case of C.I.A. Disinformation
by Edgar Chamorro

An essential, critical tool for understanding U.S. foreign policy and its coverage by the media. Edgar Chamorro, a former *contra* leader, describes how the Central Intelligence Agency disinformation campaign played a leading role in influencing American public opinion and congressional debates on aid to the *contras*.

Also available:

THE REAGAN ADMINISTRATION AND NICARAGUA: How Washington Constructs its case for counterrevolution in Central America
by Morris Morley and James Petras

With an Introduction by Noam Chomsky and an Afterword by Michael Parenti.

Scrutinizes the State Department's White Papers on Nicaragua and El Salvador and explains how they are used to paint what the authors describe as a totally distorted picture of the realities of Central America.

Order now, and place a standing order for future Monographs. Bulk resale rates are available.

[ ] I want *Packaging the Contras*. Send me___copies, at $5.00 each, plus .75 for postage and handling.

[ ] I want *The Reagan Administration* and Nicaragua. Send me ___ copies at $4.00 each, plus .75 each for postage and handling.

[ ] Please enter my standing order for all titles in the Monograph Series. Notify and bill me as they are published. I understand I may cancel at any time.

[ ] Please send me information about the Institute for Media Analysis.

(Foreign orders, U.S. funds payable in the U.S., please add $2.50 per title for airmail) Amount enclosed_____.

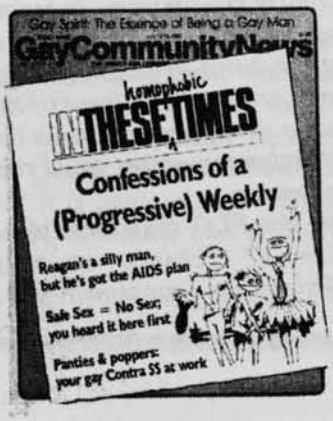
For information about the Institute for Media Analysis conference:
Anticommunism and the U.S.: History and Consequences
Nov. 11-13, 1988
at Harvard University, Cambridge Mass.
Write: John Demeter, Conference Director, PO Box 2867 Cambridge MA 02238, or call (617) 628-6585.

gay COMMUNITY NEWS
FOR FIFTEEN YEARS, THE LESBIAN AND GAY WEEKLY

For 15 years *the source* for news, reviews, and commentary about lesbian and gay liberation, feminism, and anti-racism.

Subscribe today and stay informed about the events, personalities and issues affecting our communities.

$33 for 1 year, $20 for 6 months, $12 for low-income/six months. Write to *GCN* Subscriptions, 62 Berkeley St., Suite 106, Boston, MA 02116.


Gay Spirit: The Essence of Being a Gay Man
GayCommunityNews
homophobic
IN THESE TIMES
Confessions of a (Progressive) Weekly
Reagan's a silly man, but he's got the AIDS plan
Safe Sex = No Sex; you heard it here first
Panties & poppers: your gay Contra $$ at work

INTRODUCTION: Gaza and the West Bank

The killing of four Palestinians by an Israeli army truck on December 9 of last year started a series of protest demonstrations by Palestinians in the West Bank and Gaza that soon developed into a major uprising. Reports from the West Bank and Gaza indicate that the uprising has spread through all segments of the population; the demonstrations have attracted young and old people, women, men and school children; commercial strikes have been completely observed; recent calls for noncooperation with the Israeli military administration have resulted in the resignation of the majority of the Palestinian police force and tax collectors in the occupied territories; a strong support system has been organized by the Palestinians living in Israel to provide food and daily supplies to the West Bank and Gaza. This resistance to the occupation is taking place under formidable repression: daily killings; brutalizing, mass arrests; and cutting off food and other supplies to the population by the Israeli army. Although there does not seem to be any resolution to this conflict in the near future, the uprising has already proved itself to be an important new stage in the Palestinian national movement and a major challenge to the status quo in the Palestinian-Israeli conflict.

*The uprising in the West Bank and Gaza caught everyone, from Israel to the neighboring Arab countries and even the PLO, by surprise. Although for those familiar with the conditions of life in the occupied territories the idea of revolting against those conditions is hardly surprising, it seems that no one was prepared for such an outbreak of protest. Yet some observers of Palestinian politics had clearly pointed to the West Bank and Gaza as the main resource for providing new impetus to the Palestinian national movement.**

After the signing of the Camp David accord, the invasion of Lebanon by Israel in 1982 was a major attempt to change the status quo. This invasion was part of a concerted campaign to eliminate the Palestinian national movement and the PLO from the political equations of the Middle East. This policy has been aggressively pursued by the Israeli government since the ascendance of the Likud party to power in 1977. The invasion was followed by an expansion of settlements, the introduction of the Iron Fist Policy in the occupied territories in 1985, and an aggressive propaganda campaign claiming that the question of a Palestinian state is already solved since a Palestinian state exists in Jordan. The recent uprising can appropriately be viewed as a strong response from the Palestinian national movement to this campaign.

Since its beginning the Palestinian national movement has operated in an alignment with the Arab regimes in the Middle East. But this alignment has been problematic. Each of these regimes at some time or other has attempted to contain and control the Palestinian movement and use it to further its own political goals. By supporting the right to self-determination of the Palestinians, a popular demand in the Arab world, the Arab regimes have bought themselves legitimacy among their populations; they have also attempted to use their influence on the movement as a bargaining chip in their dealings with the US. At the same time, the radicalism of the Palestinian national liberation movement has been and still is threatening to these regimes who have suppressed expressions of radicalism in their own countries. Recently, Palestinians in the camps in Jordan were prevented from expressing solidarity with the uprising in the West Bank and Gaza, solidarity demonstrations by students in Egypt were broken up, and several solidarity demonstrators in Morocco were shot dead by the police. Yet, when the Arab summit conference, which met in Amman in November of 1987, revised its collective commitment to the Palestinian question for the first time in recent years and assigned it a low-level priority, it became clear that the terms of this alignment had changed and not necessarily in favor of the Palestinians. It was a strong signal that, in the long run, the Palestinian movement could rely only on its own resources.

The split within the PLO that took place after the invasion of Lebanon seriously weakened the Palestinian movement but

*Rashid Khalidi, Middle East Report, May-June 1987

without eliminating it as the Israelis had intended. The faction that opposed Arafat allied itself with Syria, which did not bring it much popularity among the Palestinian people given the historical relationship between Syria and the Palestinians. Soon after coming to power in 1970, the present Syrian regime severely restricted the activity of Palestinian military forces within its borders, and in 1976 fought the Palestinians and the Lebanese Left in Lebanon. Following the PLO split, Syria's ally in Lebanon, the Amal, began a bloody campaign to take control of the Palestinian camps. Arafat, who after the split still enjoyed the support of the majority of the Palestinians, followed the Jordanian option from a weak bargaining position which did not bring him increased popularity. This bitter division within the leadership of the PLO perhaps provided some space for the growth of alternative initiatives among Palestinians. Later, the united stance taken by different factions of the PLO at the Palestine National Council in Algier in April 1987 repaired some of the damage done by the division and was a source of renewed hope and energy for the movement. This gathering was interestingly called: "Session of the Steadfastness of the Camps and the Masses of the Occupied Territories."

However, the strength of the present Palestinian uprising and resistance to the Israeli occupation can only be attributed to the long history of organizing in the West Bank and Gaza. The Palestinians living under occupation have built an infrastructure of self-help projects and voluntary popular committees that provide a variety of social and economic services to the population. It seems that this network of committees is now serving as the basis of a grassroots organization that mobilizes support for the day-to-day needs of the uprising. Although the uprising is being led from within the occupied territories (a few weeks into the uprising, the Israeli government abandoned its initial claim that the resistance was the work of a few individuals, led from outside the West Bank and Gaza), the leaders have made it quite clear that it is another stage of the Palestinian national movement that is solely represented by the PLO.

The uprising has shocked the Israeli society. The divisions within Israel and the government have deepened. At the same time that the polls indicate a move to the right by many Israelis and demands for harsher measures against the Palestinians, the resistance to the Israeli government's policies in the occupied territories has been reinvigorated. Mass demonstrations similar to the demonstrations against the invasion of Lebanon have appeared. Hundreds of Israeli soldiers and reservists have announced that they would refuse to serve in the occupied territories. There are a considerable number of Israelis who support the right to self-determination of the Palestinians and the two-state solution to the Palestinian-Israeli conflict. Through the years, some Israelis have established ties with the Palestinian resistance in the West Bank and Gaza. Although the move to the right of many Israelis leaves the door open for further exploitation by the Right, now there is also a strengthened basis for an Israeli-Palestinian strategy of joint struggle.

Below, we publish the eyewitness report of one member in a delegation of concerned Americans who traveled to the West Bank and Gaza this past February. The delegation visited several cities, villages, and camps in the occupied territories and spoke with many people, including villagers participating in demonstrations, members of different popular committees in the occupied territories, and Israeli peace activists. We also include the fourteen demands of the uprising that were drafted by the Joint Committee of the Uprising in late December of 1987.

H. Vakili

Jeanne Butterfield photo

LETTER FROM THE WEST BANK AND GAZA

JEANNE A. BUTTERFIELD

Jeanne Butterfield *is a Boston area attorney and activist. She is the National Chair of the Palestine Solidarity Committee and Vice Chair of the North American Coordinating Committee of Non-Governmental Organizations which work on the Question of Palestine.*

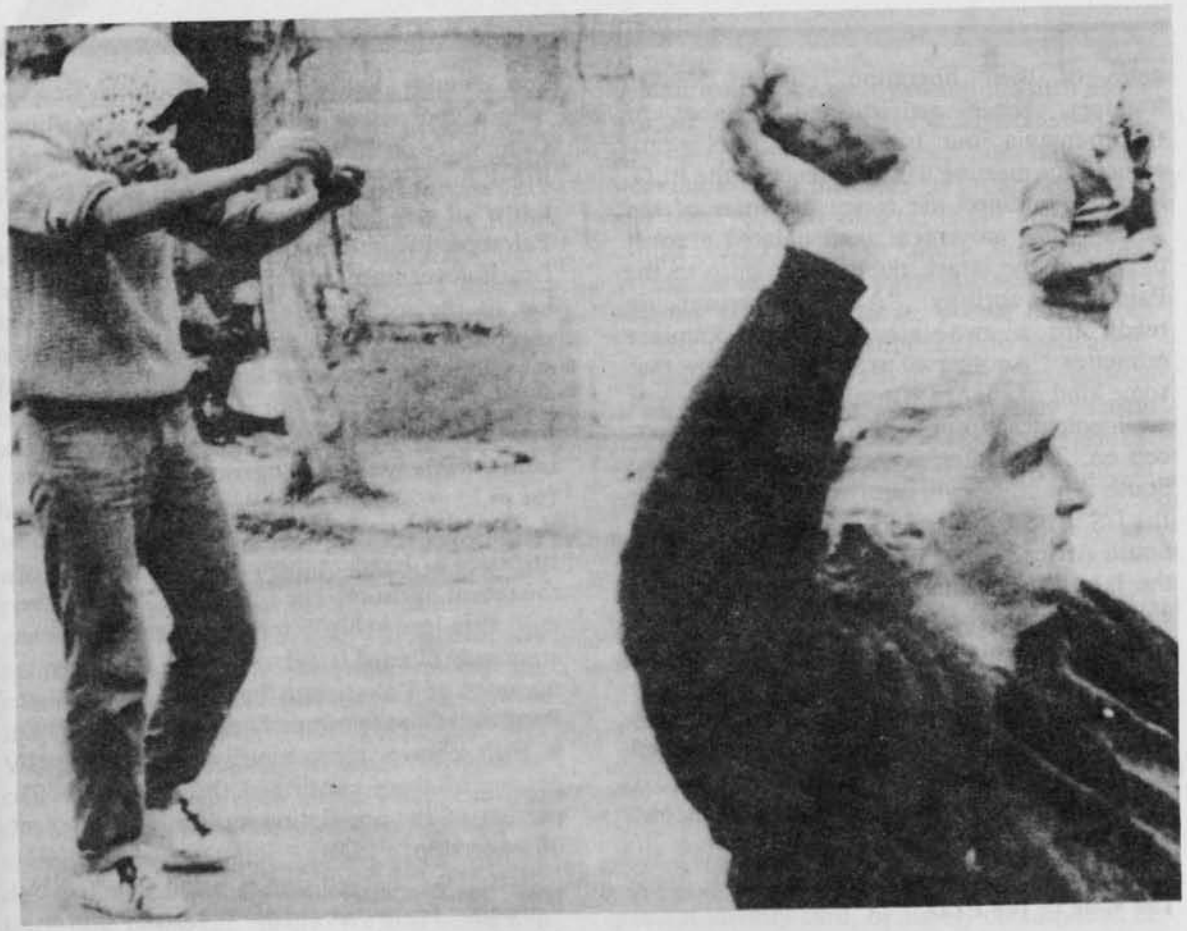
Our ad-hoc emergency delegation to the West Bank and Gaza came together in the weeks following the most recent Palestinian uprising in the West Bank and Gaza. Feeling concern and outrage over the images coming over the nightly news broadcasts of Palestinian demonstrators being confronted by Israeli bullets and beatings, we agreed to travel to the occupied territories to see for ourselves what was going on there. The delegation was made up of people from many walks of life, and was notably "rainbow" in its composition. The twelve included five Blacks, one Latino, one Arab American and two Jews. The twelve also included several city and county level elected officials, several educators, a journalist, a priest, and three attorneys. This is what we saw.

We arrived in Tel Aviv on February 3, nearly two months after the Palestinian uprising had begun, and proceeded by taxi to the YWCA in Arab East Jerusalem. Along the way, monuments of rusted tanks were the only sign that we were near the armistice lines of 1948, the so-called "green line" separating the West Bank from the Israeli state. But since it is illegal to show the "green line" on an Israeli map, or mark it along the roadway, delegation members kept asking "Where are we? Is this Israel or the West Bank? Where is the West Bank, anyway?" The assertion of "Eretz Israel" takes concrete form on the ground.

In spite of Israeli proclamations of relative calm and Rabin's stated policy of beating demonstrators into submission, the uprising showed little signs of diminishing in strength and intensity. Shops were shuttered tight as a commercial strike continued into its third month, and soldiers were visible on nearly every street corner. We arrived at the YWCA and heard our first evening's lecture, by Jamal Nassar, a Palestinian-American professor who is a visiting scholar at Bir Zeit University in the West Bank this year. After a quick historical overview and update about the current situation, Nassar concluded, "If Israel is to survive and live in peace, there must be next to it a Palestine, also living in peace." But peace seemed very distant as Nassar told of fifty South African experts in riot control who had just arrived in Israel to teach troops how to use nets to control crowds.

The Main Obstacle to Peace

Because the commercial strike had closed most offices, and because our time in the West Bank and Gaza was so short, we decided to forego meetings with officials and spokespeople, and go out to the streets to see for ourselves what was happening. Early Thursday morning, we traveled up to Ramallah, a few miles north of Jerusalem, and briefly visited



Jerusalem Post

Um Khalil, director of the charitable institution called "Inash Al-Usra," Society for the Preservation of the Family. We found Um Khalil visibly distraught at what was happening. "How can we even go on with providing services?" she asked. "Look at all these women in the hallway," she said, pointing toward dozens of women outside her office, many crying. "They come here for help; we can't even begin to meet the need. This one's son was taken by soldiers last Friday. She can't find him; we don't know what has happened to him. This one says that last night, in the middle of the night, settlers came to the building where she lives, knocked down doors, came in and smashed furniture, dumped out food supplies, beat people. What can we do? We want our independence, we want our state. The Jews, they have their state. Let us have our state. Let us have our freedom, our own representatives, the PLO."

We went on to Macassed Hospital on Mount of Olives, where dozens of wounded have been treated over recent weeks. We visited the most seriously wounded, many with limbs broken in several places by beatings, others who lost legs as a result of wounds caused by exploding "dumdum" bullets, still others who were partially and wholly paralyzed from gunshot wounds to the spine. We saw youngsters of twelve and thirteen, and elderly women, all victims of harsh and arbitrary repression. While we spoke with a doctor, we saw a young man brought in by ambulance from a village near Hebron, with multiple broken bones and bruises. We asked his family what had happened. "The soldiers took him and beat him, then they took him in their helicopter, and then they dropped him out of the helicopter onto the ground, from high in the air." Memories of such atrocities in Vietnam flashed before our eyes as we returned to the YWCA and our evening lecture.

"See these Palestinians, strong, storming the

gates of their liberation," began Reuven Kaminer, peace activist and member of the Roumania Four, Israelis who are being prosecuted for meeting with members of the PLO. Kaminer outlined the recent activities of the Israeli peace movement, and painted a sober picture of the Israeli public's response to the Palestinian uprising. "About 5 percent are ready for a two-state solution," Kaminer estimates. "Another 40 to 50 percent know that some kind of change is needed. And 15 percent are ideologically opposed to any kind of concession. The center says, 'If we become like South Africa, we will outlive our usefulness to the US. The right says, 'So what's wrong with South Africa?' The Palestinian uprising makes the Israeli peace movement stronger. But the glue that holds the occupation together is the US-Israeli relationship, and 4.5 billion dollars of aid per year. The ruling class in Israel is ready to play its nationalist-expansionist game right up to the hilt of US guilt. The United States is the main obstacle to peace. We need a solution which is in the best possible interests of both peoples, Israelis and Palestinians."

The Role of the PLO

When we awoke Friday morning, we learned that all schools in East Jerusalem had been ordered closed for a full week. While all five universities in the West Bank and Gaza, and all elementary and secondary schools as well, had been closed by military order for several weeks, this was the first time in recent memory that such an order had been imposed on the schools in Jerusalem. We tried to visit Dome of the Rock and Al Aqsa Mosque in the Old City, but were prevented by dozens of armed Israeli police from entering the mosque area. "Come back tomorrow, today we expect trouble," they said, referring to the noon time prayer services which typically attract hundreds of worshippers. The week before, soldiers had fired tear gas into the mosque itself before worshippers had even emptied out into the plaza. And on Sunday, worshippers leaving the Church of the Holy Sepulchre had been gassed as well.

During the night, leaflets had been circulated from the Joint Committee of the Uprising, calling for a complete general strike for Sunday and Monday, February 7 and 8, on the second month anniversary of the uprising. The Joint Committee of the Uprising is not publicly identified, but is commonly believed to be representative of all political viewpoints within the Palestine Liberation Organization. While the Israeli government at first attributed the uprising to the influence of "outside agitators," specifically the PLO, it is clear that the daily events are planned, coordinated and communicated by an indigenous leadership that expresses the will of every sector of society. There is no other way that the uprising could continue for so long, or be so complete. And the institutionalized PLO leadership in exile seemed as surprised as Israel at the extent and strength of the recent uprising. The search for "alternative moderate leadership" in place of the PLO has seemingly blinded Israel to the fact that the vast majority of Palestinians in the occupied West Bank and Gaza vehemently assert that the PLO is their chosen representative. A recent poll conducted there confirmed this fact, with 93 percent of the population indicating its choice of leadership: PLO!

It is clear that no one is being directed by "orders from abroad." Local leaflets distributed door-to-door under cover of night announce upcoming plans, and exhort the local population to organize. "Have you organized your alley today?" asks one recent leaflet. News of upcoming events, such as the call for the upcoming strike, are broadcast on the clandestine radio sation "Voice of Jerusalem, for the Liberation of Land and Man," along with daily news of demonstrations, lists of the wounded and killed, and nationalist music and poetry. One of the most popular features is that of a young boy instructing others in more effective rock-throwing techniques. The radio station was referred to by one and all as an important communication vehicle and a means of keeping up the spirit and morale of the people. In spite of Israeli efforts to disable or jam it, the station came in loud and clear in Jerusalem.

As we drove up the small road to Idna, in the hills outside of Hebron, just south of Jerusalem, we wound our way through ten roadblocks of boulders, metal and burned tires. As we reached the center of the village, hundreds of young people marched down the main

street waiving the Palestinian flag and chanting, "Israel NO! PLO!" "This is liberated territory," a young man shouted. "We have kept the soldiers out with our roadblocks for seven days now. The last time they came here, they shot many young people. They broke into our homes in the night, they smashed our things, mixed up our grain and sugar and rice, stomped on it. The Palestinian people, we want our freedom, we want our land. Our demonstrations will continue until we get our rights, until we get our homeland."

The villagers of Idna invited us into their homes and served us sweetened coffee and tea as they talked to us about our delegation and about their struggle. The discussion was interrupted by the sound of approaching helicopters. As we went to the doorway, helicopters zoomed low over the building and fired tear gas cannisters into the center of town. It seemed as if some might come right through the doorway. Villagers quickly handed us onions to hold to our noses, and sprayed cheap cologne which did little to dissipate the intense tear gas. As we choked, eyes streaming, and discussed what to do next, the helicopters came back a second and third time to gas the village. We also heard live ammunition being fired. We picked up tear gas projectiles and read "Made in Salzburg Pennsylvania, U.S.A., January 1988," a graphic reminder of who funds this occupation. The struggle for control of the land, of the "liberated territory" of even one small village, became a paradigm for what this occupation is all about. As small children stood their ground and threw stones at the circling helicopters, the image of David and Goliath was firmly etched in our minds.

The delegation returned to Jerusalem to another evening of presentations by the Palestinian women's committees, and the popular committees for medical relief. In addition to their regular work of building women's economic cooperatives, running literacy and child care programs, and serving the medical needs of remote villages by sending volunteer teams of doctors and nurses out in mobile clinics, the popular committees have been responding to the emergency created by the Israeli repression of the most recent uprising. Nationalist institutions, trade unions, medical committees and mass organizations such as the women's committees have collaborated in setting up popular committees that have been working around the clock to organize medical and food relief to villages, towns and refugee camps suffering from sieges and curfews. Where Israeli troops have not allowed relief supplies and personnel in, people have taken the risk of smuggling supplies into these areas. A centralized fundraising campaign collects donations, and the entire society seems mobilized in support. It is this level of organization, among every sector of society, that makes the uprising possible.

The Road to Jenin . . .

The next morning we were unable to reach Nablus, the largest city in the West Bank. It was still under military curfew after seven days, and all roads leading to the city were blocked by soldiers. We proceeded toward Jenin in the northern-most part of the West Bank, and passed Al-Fara'a Prison, where young men, ages twelve to twenty, are taken after being arrested. Any Palestinian can be arrested by any Israeli soldier at any time, for failing to carry the ever-present identity card, or merely on suspicion of being a security risk. Or arrests can come for violating any of the more than 1000 military orders which govern life under occupation. These military orders make it illegal to meet in groups larger than ten without a permit, to sing nationalist songs, to display the colors of the Palestinian flag—red, white, black, green—or the flag itself. Military orders even make it illegal to grow tomatoes and eggplants without a permit. Thousands of young men have been arrested in the recent two months of uprising. As we drove past, we saw the tents which house the overflow on the grounds outside Fara'a prison.

As we came into the village of Qabatiya on the road to Jenin, we were once again stopped by roadblocks of boulders. We looked ahead and saw hundreds of villagers on the side of the road, and discovered a funeral procession in progress. An old man of the village, who was ill, had been forced by soldiers to remove large boulders from a roadblock in the village. The man died of a heart attack and was being buried as we passed through the village. Since funeral processions are illegal under Israeli military

FOURTEEN DEMANDS OF THE UPRISING

During the past few weeks the occupied territories have witnessed a popular uprising against Israel's occupation and its oppressive measures. This uprising has so far resulted in the martyrdom of tens of our people, the wounding of hundreds more and the imprisonment of thousands of unarmed civilians. This uprising has come to further affirm our people's unbreakable commitment to its national aspirations. These aspirations include our people's firm national rights of self-determination and of the establishment of an independent state on our national soil under the leadership of the PLO, as our sole legitimate representative. The uprising also comes as further proof of our indefatigable spirit and our rejection of the sense of despair which has begun to creep into the minds of some who claim that the uprising is the result of despair.

The conclusion to be drawn from this uprising is that the present state of affairs in the Palestinian occupied territories is unnatural and that Israeli occupation cannot continue forever. Real peace cannot be achieved except through recognition of the Palestinian national rights, including the right of self-determination and the establisment of a Palestinian state on Palestinian national soil. Should these national rights not be recognized, then the continuation of Israeli occupation will lead to further violence and bloodshed and the further deepening of hatred. The only way to extricate ourselves from this scenario is through the convening of an international conference with the participation of all concerned parties, including the PLO, the sole legitimate representative of the Palestinian people, as an equal partner, as well as the five permanent members of the Security Council, under the supervision of the two superpowers.

On this basis we call upon the Israeli authorities to comply with the following list of demands as a means to prepare the atmosphere for the convening of the suggested international peace conference which will achieve a just and lasting settlement of the Palestinian problem in

rule, soldiers soon arrived to stop the procession. Children began throwing stones at the soldiers, and the soldiers responded with tear gas and live ammunition. We witnessed the soldiers catch one young man and beat him to unconsciousness. Soldiers began to yell at us to get out. When we continued to take photos, the soldiers began throwing stones at us, then pointed their guns at us, and then came running toward us. Our film was confiscated and destroyed. Some of us were frisked to make sure we hadn't hidden any more film, and we were ordered out of the village.

On our way back to Jerusalem, we passed hillside after hillside scarred by the construction of new Israeli settlements. In spite of the fact that such settlements are clearly prohibited under the Geneva Conventions, the West Bank is now populated by 60,000 armed settlers who now control nearly 60 percent of the land of the West Bank. And one-third of Israel's daily water supply comes from the West Bank. No wonder so many of the 900,000 Palestinians who live there have no land left to farm, no olive trees left to tend. More than 45,000 travel across the imaginary "green line" to work in Israeli fields and factories daily. But they are not allowed to sleep inside the "green line" overnight, so the daily travel adds hours onto the work day, and those caught inside at night are imprisoned.

Israeli Resistance . . .

Later that night we met with Israelis from Y'esh G'vul, the reserve soldiers resistance movement, and the Coalition to End the Occupation. Ishai Menuchin, an officer and leader of Y'esh G'vul explains that the name "Y'esh G'vul" means not only "there is a limit," but also "there is a border." The group is organizing among reservists on the principle of "selective resistance." It has gotten 250 reservists to

all its aspects, bringing about the realization of the inalienable national rights of the Palestinian people, peace and stability for the peoples of the region and an end to violence and bloodshed:

1. To abide by the Fourth Geneva Convention and all other international agreements pertaining to the protection of civilians, their properties and rights under a state of military occupation, to declare the Emergency Regulations of the British Mandate null and void, and to stop applying the iron fist policy.

2. The immediate compliance with Security Council Resolutions 605 and 607, which call upon Israel to abide by the Geneva Convention of 1949 and the Declaration of Human Rights; and which further call for the achievement of a just and lasting settlement of the Arab-Israeli conflict.

3. The release of all prisoners who were arrested during the recent uprising, and foremost among them our children. Also the rescinding of all proceedings and indictments against them.

4. The cancellation of the policy of expulsion and allowing all exiled Palestinians, including the four expelled to Lebanon on 13 January 1988, to return to their homes and families. Also the release of all administrative detainees and the cancellation of the hundreds of house arrest orders. In this connection, special mention must be made of the hundreds of applications for family reunions which we call upon the authorities to accept forthwith.

5. The immediate lifting of the seige of all Palestinian refugee camps in the West Bank and Gaza, and the withdrawal of the Israeli army from all population centers.

6. Carrying out a formal inquiry into the behavior of soldiers and settlers in the West Bank and Gaza, as well as inside jails and detention camps, and taking due punitive measures against all those convicted of having unduly caused death or bodily harm to unarmed civilians.

7. A cessation of all settlement activity and land confiscation and release of lands already confiscated, especially in the Gaza Strip. Also putting an end to the harassments and provocations of the Arab population by settlers in the West Bank and Gaza as well as in the Old City of Jerusalem. In particular, the curtailment of the provocative activities in the Old City of Jerusalem by Ariel Sharon and the ultrareligious settlers of Shuvu Banim and Ateret Kohanim.

8. Refraining from any act which might impinge on the Moslem and Christian holy sites or

sign a declaration that they will refuse orders to serve in the occupied West Bank or Gaza. Y'esh G'vul formed in the days of the 1982 Israeli invasion of Lebanon. One-hundred sixty reservists who refused to go to Lebanon served time in military jail for this refusal. "After Israel left Lebanon, we met and decided that the problem is occupation," Menuchin told us. "We put an ad in the paper yesterday. Our refusal to serve is a political weapon. *Peace Now* does not support us. They think you should change the military from within. But we have an impact beyond our numbers. The Israeli government is using the army as a political solution to the occupation. But it is not a solution. The government must sit down and talk with the Palestinians, with the PLO." Peretz Kidron, of the End the Occupation Coalition "Dai Lakibbush," told of other activities of the coalition—peace marches, demonstrations, hunger strikes, and possible future civil disobedience and organized boycotts of settler products. Kidron concluded, "As the Jews of Israel have the right of self-determination, so do the Palestinians. It's a matter both of principle and of pragmatic politics."

. . . and Repression

Lea Tsemel, an Israeli attorney who represents Palestinians in military courts in the West Bank, described the "legal" methods of repression being implemented during the uprising. "More are being given expulsion orders," said Tsemel. Four have been expelled, and five more face imminent expulsion. "Over 100 new administrative detention orders have been issued in the West Bank and 50 in Gaza. These orders, which run for six months, can be renewed indefinitely. People are facing all kinds of restrictions, town arrest, house arrest. And collective punishment is increasing too. If any family member is suspected of any serious of-

which might introduce changes in the status quo in the City of Jerusalem.

9. The cancellation of the Value Added Tax (V.A.T.) and all other direct Israeli taxes which are imposed on Palestinian residents in Jerusalem, the rest of the West Bank, and in Gaza; and putting an end to the harassment caused to Palestinian business and tradesmen.

10. The cancellation of all restrictions on political freedoms, including restrictions on freedom of assembly and association; also making provisions for free municipal elections under the supervision of a neutral authority.

11. The immediate release of all funds deducted from the wages of laborers from the territories who worked and still work inside the Green Line, which amount to several hundreds of millions of dollars. These accumulated deductions, with interest, must be returned to their rightful owners through the agency of the nationalist institutions headed by the Workers' Unions.

12. The removal of all restrictions on building permits and licenses for industrial projects and artesian water wells as well as agricultural development programs in the occupied territories. Also rescinding all measures taken to deprive the territories of their water resources.

13. Terminating the policy of discrimination being practiced against industrial and agricultural produce from the occupied territories either by removing the restrictions on the transfer of goods to within the Green Line, or by placing comparable trade restrictions on the transfer of Israeli goods into the territories.

14. Removing the restrictions on political contacts between inhabitants of the occupied territories and the PLO, in such a way as to allow for the participation of Palestinians from the territories in the proceedings of the Palestine National Council, in order to ensure a direct input into the decision-making process of the Palestinian nation by the Palestinians under occupation.

Signed,

Palestinian nationalist institutions and community leaders from the West Bank and Gaza

fense, their house is sealed and blown up. The Israeli Supreme Court itself, the court of last resort, has ruled that all of these measures are legal, even though all are totally in contravention of international convention and law."

Tsemel estimates that at least 400,000 Palestinians have gone through the machinery of interrogation at least once in their lives, and that every fifth Palestinian has been imprisoned during the twenty years of Israeli occupation. She estimates that 93 percent of all convictions in military court are made on the basis of forced confession. These confessions happen during the first fourteen days of imprisonment, when prisoners are held incommunicado and cannot see a lawyer, a family member, or even the International Committee of the Red Cross.

Tsemel went on to describe the results of the recent Israeli Landau Committee report, which concluded that Israeli security services routinely apply systematic torture to Palestinian prisoners during interrogation. "The report concludes that security services should be allowed to use 'moderate physical pressure' on Palestinian prisoners," Tsemel exclaims. "This is the only country to legalize torture. The report even has a secret appendix which supposedly defines exactly how much physical pressure is 'moderate'. If you already find torture, can you imagine what will happen now that it is officially sanctioned?" Is it any wonder that an uprising is going on under these conditions? The only wonder is that it has been twenty years in coming.

Although the delegation visited refugee camps and villages in the West Bank, we were unprepared for what we found in Gaza. Here, nineteen settlements with 2000 Israeli settlers control 31 percent of the land of this tiny strip. The Palestinian population of nearly 600,000 live in impoverished towns and wretched refugee camps, with 55,000 traveling across the "green line" to work in Israel every day. By the time we arrived, the entire strip had closed down in support of the complete general strike which had been called for by the Joint Committee for the Uprising. The most densely populated strip of land on the face of the earth was a ghost-town. No cars moved on the streets, and no one could be seen moving from the roadway. The thoroughness of the strike, in a strip which is home to 600,000 people, is testimony

to the organizing which has gone on over the two months of uprising.

As we drove through Gaza, we could see smoke rising in ominous black clouds from burning tires at roadblocks in the camps and in the towns. We met with Gaza attorney Raji Sourani, who himself had been imprisoned and tortured in 1986 after reporting the torture of three of his clients to the Israeli military authorities in Gaza. He is presently on strike, with all the Gaza lawyers, who refuse to represent detainees arrested during the uprising.

Technologies of Resistance

After talking with Sourani, the delegation decided to go into Jabaliya camp, where it was reported that 1000 Israeli troops had that afternoon confronted the 65,000 Palestinians who lived in the one square kilometer area of the camp. Doctors at the UNRWA clinic in Jabaliya told us about events of that day, and of the past weeks. They had received thirty-four wounded that afternoon, and had sent fourteen of the most serious injuries, mostly gunshot wounds, on to the hospital in Gaza City. They recounted the horror of hundreds of broken bones, crushed ribs, and infant deaths and miscarriages due to tear gassing in close quarters in the densely populated camp. In the two days immediately following Rabin's announced policy of beatings, 200 people with broken bones had been brought to Gaza clinics for treatment. "When the soldiers come into the camp," said Dr. Rouhanna, "they often cut the telephone lines. So when there are injured, no one can even call the clinic here to send an ambulance. But we now use telemouth. Last week, when the phones were cut, people went up on the roofs, and from the quarter of the camp where there were wounded, they passed the call 'help' from one shelter to the next, until it reached us here at the clinic. Then they guided the ambulance back the same way."

Leaving the clinic, we made our way through the narrow alleyways of the camp to visit several families in their shelters. In each shelter, we found people who had been severely beaten by Israeli soldiers and who had broken limbs, head injuries, and severe bruises. Several elderly women sat on the floor in one shelter, and exposed their shoulders and backs to show us the bruises from the severe beating they had experienced after soldiers broke into their shelter one night recently. "I don't know if you understand how deeply this goes against their culture, to expose themselves this way to strangers, and to men," said one member of the delegation with tears in his eyes. We huddled in the room with these women as soldiers began beating on the corrugated metal door of the shelter. Finally, young people from the camp began shouting and making a small demonstration at the other end of the street to distract the soldiers, while we hurriedly made our way back to the clinic to our cars.

Why Now?

Why now, we asked a Palestinian woman who we met at the YWCA. What happened to spark this uprising now? "Several things came together," she replied. "First, you have to understand that this occupation has been weighing heavy on the people for many years. The Iron Fist was announced as Israeli policy back in 1985, after the May prisoner exchange. Settlers were increasing their attacks on the released prisoners, the government began its policy of administrative detentions and expulsions again, the repression was very brutal. There has been an upsurge of resistance over the past two years, with spontaneous actions, homemade simple weapons. But we also have become more organized. Our national institutions are strong, every sector of society is organized. We refused to 'elect' an alternative leadership, and we refused those the Israelis tried to install in power. The US/Jordanian/Israeli development plans for us were a sham. We refused to be coopted by the promise of so-called autonomy, or limited self-rule under Jordan. We knew that all this would mean is that the Israelis would keep the land and the military control, the Jordanians would police us, and we would be allowed to pick up our own garbage."

"Then three things happened in quick succession. First, the PLO rebuilt its unity at the Palestine National Council meeting in Algiers last April. This was a tremendous psychological and political boost to our morale. It also increased cooperation among the various political factions on the ground here, and gave us some optimism that diplomatic efforts towards

negotiations would be successful. But second, the Arab Summit met in Amman in November, and that was a big blow to us. The Arab regimes put the Palestinian struggle at the end of their agenda. They said Iran is the number one enemy, the Gulf War is the number one issue and that King Hussein is the guardian of the PLO. That was a real blow to our hopes, and made us realize that we couldn't wait forever for the Arab regimes to come to our rescue. Finally, the hand glider attack on the Israeli army post at the end of November sent a shock of electricity through us. It made people realize that the key to liberation is in our own hands. And so when the military truck ran over and killed four young men in Gaza on December 9, it was the spark that made this whole situation erupt into flames." It is these flames which the Israeli military is trying to put out with bullets, beatings and tear gas bombs.

While members of the delegation all had expressed opposition to the occupation in the past, most were unprepared for the harsh Israeli repression which they witnessed in the West Bank and Gaza. "It is hard to describe this except as a campaign of terror against a whole people," the group stated in its press conference in Jerusalem just before departing for the United States. "We are not experts. We did not come, nor do we leave with a prescription for a solution to the conflict we have witnessed. But based on five days of experiencing the passionate intensity with which the Palestinian people are making their demands, for self-determination, for an end to the occupation, and for representation by the PLO, it is our belief that terror will not stop them. Their demands are just and the realization of those demands is in the interest of all sides in this conflict."

AIDS AND AFRICA: The Western Imagination and the Dark Continent

Margaret Cerullo and Evelynn Hammonds

The following notes represent a partial examination by RA *editors of the US scientific and popular discourse on the character of the AIDS epidemic in Africa. It has been our experience in trying to solicit substantial articles about AIDS in Africa (and other parts of the Third World) that there is a disjunction between those writing about* AIDS *in Africa, and those rooted in African history, culture or politics, who are not (yet) writing extensively about AIDS. As we have sifted our way through the material on AIDS in Africa, we have encountered several questions that seem particularly worthy of further exploration. We hope that this brief overview will encourage others with greater expertise and knowledge of African societies and cultures, particularly Africans, to help (re)frame the discussion.*

The Dark Continent

"The word 'plague'. . .conjured up in the doctor's mind not only what science chose to put into it, but a whole series of fantastic possibilities utterly out of keeping" with the bourgeois town of Oran, where the plague struck. How could a disease so extraordinary as plague *happen in a place so ordinary and dull?"*

Paula A. Treichler, following Albert Camus, *The Plague*[1]

"AIDS," Paula Treichler points out in reference to gay men in the US, "in initially striking people perceived as alien and exotic by scientists, physicians, journalists and much of the US population, did not pose such a paradox." This is perhaps even more true of reports of AIDS in Central and East Africa, where the association with disease and "exotic" sexual practices comes naturally to the Western imagination. One of the troubling aspects one faces in trying to understand the AIDS pandemic is the Eurocentric and racist views that shape information about the prevalence of the virus in Africa.[2] First of all, the data from one city or country is routinely generalized across the continent as if "Africa" were a simple unity.[3] Imagine generalizing the AIDS picture in San Francisco to Boise, Idaho as if the incidence or the risks were likely to be the same.

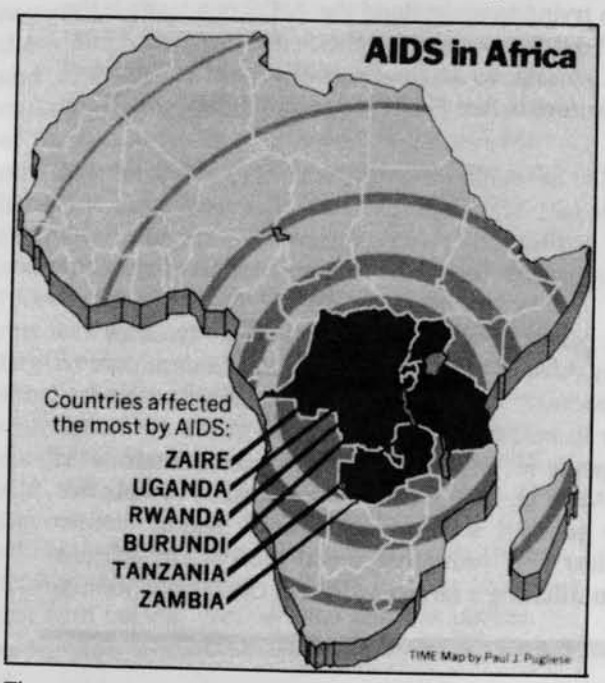
Second, researchers now recognize that early HIV surveillance in Africa (1983-85) produced significant numbers of false positive results, due to the fact that the presence of other diseases, in particular malaria which is quite common, produced a positive test result. Yet, as the Panos Institute points out, many researchers continue to quote the earlier incidence figures without noting the necessary revisions.[4]

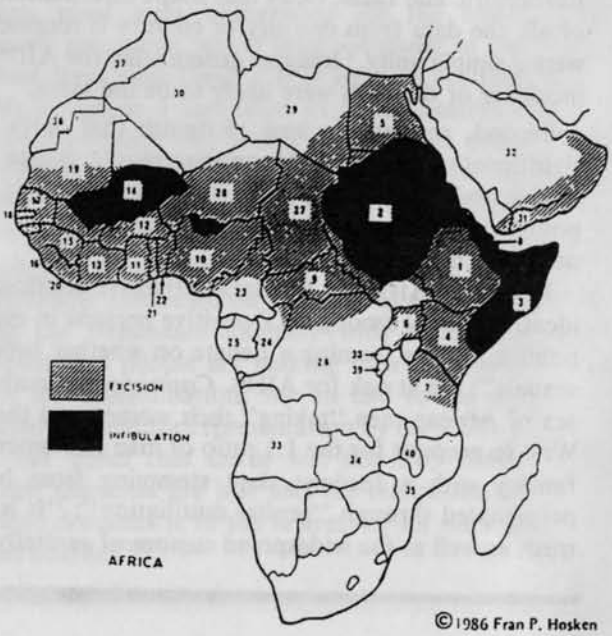
Images of Africa as the dark, primitive continent persist. Because heterosexual transmission was identified early among HIV positive persons in many African countries, the US media continues to publish articles framing a debate on whether heterosexuals here (read "white middle class heterosexuals") are at risk for AIDS. *Cosmopolitan* author Robert Gould differentiates between the violent sex of African men "taking" their women and the gentle sex of white (civilized) heterosexuals in the West to account for the 1:1 ratio of men to women AIDS cases in Africa.[5] Fran Hosken repeats this fantasy with a feminist slant stemming from her concern with sexual violence against women perpetuated through "genital mutiliation": "It is clear that traditional sexual practices by African men, as well as the widespread custom of genitally mutiliating a large part of the the female popula-

tion, are responsible for the different pattern of AIDS transmission. The heterosexual transmission of AIDS in Africa is clearly [?] explained by violent sexual practices."[6]

The effort to separate "their" heterosexuality from "ours" has rested on three other main arguments. First is the emphasis on sexual "promiscuity" as a research focus. The risk factors that have been identified among heterosexuals include "number of sexual partners, sex with prostitutes, and being a prostitute" in part becuase these are the risk factors that have been looked for.[7] *Science* magazine recently reported approvingly the observation of a Belgian scientist that, among heterosexuals, individuals with a large number of sexual partners might be found more in African cities than in the West. *Science* was dismissive of the African health official who accused the Western scientist of "unscientific speculation."[8] Second is the speculation that heterosexual transmission in Africa results because anal intercourse is a common form of birth control.[9] The problem with such generalizations is not entirely whether they are true or false (though data does not seem to support this speculation), but that they are reported in such as way as to imply that such practices are so different from ours (which is questionable) and that it is such behavior that brought down this terrible scourge.

The third and probally the favorite argument about heterosexual transmission in Africa depends upon an abysmal lack of knowledge of the geography, let alone the cultural and political diversity of Africa. This is the argument associating the equal sex ratio of African AIDS cases with the "widespread" practice of female genital mutilation. In fact the areas where genital mutilation is practiced do not correlate with those countries in which AIDS is prevalent. That this point has not even been noticed indicates how little Americans know about Africa. The primary source for the accounts of female genital mutilation in Africa known to Western feminists is the writing of Frank Hosken, who is the source of the maps that are continually reproduced to represent the "widespread custom" of "genitally mutiliating a large part of the female population in Africa."[10] Yet these maps are deceptive. By "coloring in" entire countries if the practice exists at all within them (and these practices vary considerably according to ethnic group, religion, and culture), the extent of female genital mutilation is exaggerated.[11] A second, and recently prominent source of the "genital mutilation" connection is Hannah Edemikpong, who writes from "the Women's Center in West Africa." (This is about as precise a designation as "the Women's Center in Western Europe," or "the Women's Center in the eastern US.") In a recent letter sent to a number of individuals and organizations in the US to appeal for funds for the grassroots campaign against genital mutilation she and her associates are waging, she claims they have dissuaded five million rural women from the practice.[12]





Time, *AIDS in Africa, February 16, 1987*

She is also the source for Charles Hunt's assertion in *Monthly Review*'s article on AIDS in Africa of a likely connection between female genital mutilation and AIDS in Africa. He quotes Edemikpong as claiming to have authenticated a "research revelation: of the 98,000 reported cases of AIDS in Africa since 1984, three-quarters are women who are from the areas where female genital mutilation is widely practiced."[13] It is very difficult to know what to make of such numbers. According to the Panos Institute's most recent report (January 1988), compiled from WHO statistics, there are currently 8700 reported cases of AIDS in Africa.[14] And five million rural women dissuaded from genital mutilation would represent something of a cultural revolution in Africa which we might have heard of sooner. While we do not wish to make light of the possibility that genital mutilation could contribute to HIV transmission, at this historical moment, this connection does not seem to exist empirically.

Origin Stories

Paralleling the search for Patient "Zero" (see Kevin Cathcart's review of Shilts, *And the Band Played On* in this issue) in the gay community the scientific community intensified its efforts to find the place where the AIDS virus originated. By 1983, some evidence suggested that AIDS may have shown up first in Africa. As Western scientific and media attention focussed on this fact, health personnel from African countries found themselves on the defensive. Reports continue to highlight the "reluctance" of leaders from African countries to acknowledge the presence of AIDS in Africa while conversely not noticing the reluctance of our own country to confront the epidemic which has up until recently been dealt with by organizations in the gay community.[15] Few accounts (if any) have suggested that there might be legitimate reasons on the part of African medical personnel or politicians to question information about AIDS in their countries. The initial identification of AIDS as the gay plague clearly shaped their response as it has official response by countries around the world. But health workers in Africa also expressed resentment at the way in which the complexity of health and disease among their peoples was ignored by Western scientists and the press while "abnormal" sexual behavior was emphasized.

As Africa was identified as the place where the virus originated, response from other countries toward African travelers was predictable.[16] *African Concord* reported in October 1986 that the British government had proposed to screen all visitors from Uganda, Zambia and Tanzania for the HIV virus. As the article noted, ". . .though a number of African countries have experienced a number of deaths from AIDS, they are far outstripped by America, where figures have reached epidemic proportions. Yet the British government has no plans to screen the many Americans visiting the country."[17]

The popular press has seen no need to inform us that early reports of the prevalence of AIDS in Africa were invalid, as we have indicated, because of the high number of false positives among the results. As confirmatory tests and better equipment have become more widely available, many countries in Africa have acknowledged the presence of AIDS. In Uganda, Rwanda and Zaire, research labs have been established, wider use of blood screening is occurring, and healthation programs are being implemented.

The fondness for African "origins" is illustrated by a recent research study and its reporting in the popular press. The study took place in Zaire where the availability of blood samples collected in 1976 made it possible to search retrospectively for HIV infection in rural Zaire. The study found a constant (low) presence of the HIV antibody in a similar population ten years later. This suggested to the researchers both that HIV infection has existed for at least ten years in some parts of Africa, and that "disruption of traditional lifestyles" due to urbanization may account for the stability of infection in "traditional, rural" Zaire compared to its sharp prevalence in the urban centers of Kinshasa and Kingali. By the time this research reached the Boston *Globe,* the headline read "Study in Zaire shows AIDS virus may have existed for 100 years," and the story began, "AIDS infections have *smoldered* in the *remote* villages of Zaire for the past twelve years — and possibly for as long as a century [*why not?*] — according to authors of a study published this week." (Italics ours)

Modes of Transmission: Epidemiology of AIDS in Africa

As of 1987 most researchers agreed that AIDS first appeared in Africa in the late 1970s as it did in the US and Haiti. The countries with the highest number of reported cases are from East and Central Africa and include: Burundi, Kenya, Rwanda, Tanzania, Uganda and Zaire. Zambia also has a high caseload. Because the reporting of cases is still sketchy it is not possible to give an accurate number of the cases in Africa.

Since AIDS is a complex syndrome and not a single disease, it is not surprising that the picture of AIDS in Africa shows some marked differences from what we see in the US and Europe. In Africa the highest incidence of AIDS has been found among sexually active heterosexuals, twenty-forty years old, with equal numbers of men and women affected. The women tend to be younger that the men and a high percentage are thought to be prostitutes. [Researchers tend to use an expansive definition of "prostitute." For example, in research in Zaire, the term included "free women" (*femmes libres*), which it is recognized applies not only to prostitutes but to unattached, sexually active women.][19] Those who have the virus frequently also have a venereal disease. High rates of sexually transmitted diseases have been found in the general population and in HIV positive persons. Homosexuality and i.v. drug use are not considered factors in the transmission of the virus. However, that conclusion could be incorrect given that not much is known about homosexuality in African countries.[20] The opportunistic infections associated with AIDS in Africa are more often stomach or digestive infections, skin diseases, tuberculosis and meningitis rather than Kaposi's sarcoma and pneumonia reported in the U.S.

There is no clear answer as to why the HIV virus produces such different clinical results in East and Central Africa, though suppressed immune systems may be a key factor. Many Africans have diseases associated with poor nutrition and poverty that result in compromised immune systems. Protein-calorie malnutrition which is widespread in these countries is known to be the most common cause of T-cell immunodeficiency world-wide.[21]

The numbers of children with AIDS is also high in Central and EastAfrica and in Zambia. Many of them are believed to have been infected through blood transfusions. The children receive blood transfusions in African hospitals for malaria-related or sickle cell-related anemia. In Rwandan hospitals for example, about one child in three receives such transfusions. And nearly 20% of Rwanda's HIV positive children were infected in this way.[22]

As noted above, i.v. drug use is not considered a factor in the spread of AIDS in Africa but the use of needles for medical injections (often preferred by African patients who believe needle injections are more effective than oral medication) and ritual scarring may play some part in the spread of the virus. The re-use of needles is common because of the lack of adequate supplies of sterile ones.

What we know about the epidemiology of AIDS in Africa raises more questions than answers. The complex mesh of factors associated with the disease means that currently there is no way to ascertain the relative importance of the various methods of transmission.[23] For example, it is not known whether a prior history of sexually transmitted diseases is a risk factor because genital lesions facilitate the transmission of HIV or because of exposure to unsterilized needles for treatment of sexually transmitted diseases.[24] Nor is it known how the number of sexual partners versus the frequency of sexual activity, or the presence or absence of genital lesions or comprised immune systems, act together to affect the course of the virus. In terms of morbidity and mortality, malaria, diarrheal disease and malnutrition may be more important than AIDS to people in Africa. And the way in which the HIV virus progresses in the presence of these factors could also lead to a rise in other endemic diseases like syphilis and tuberculosis in such a way that standard forms of treatment of these diseases would have to be modified in significant and probably more expensive ways.[25]

Implications: I. The prospect of testing

There has been increasing pressure from international aid agencies for African governments to in-

stitute programs of "routine" HIV-antibody testing among their populations, but this has been resisted by Africans as reflecting priorities of interest to Western aid agencies, not in tune with African realities. Mozambique, for example, is currently unable to test pregnant women (prime candidates for HIV-screening) for syphilis, which is treatable and known to be prevalent.[26] Testing is not only expensive, but there is concern that programs would be confounded by prejudice about who's "at risk." [27] There is also concern that publicity about AIDS would result in less blood donated. Evidence from the US, where more than half the population refuses to give blood because of confusion about AIDS transmission suggests that such concerns are well-grounded.

Screening the blood supply for the presence of HIV antibody would seem to be an urgent health priority in Africa. Tanzanians, for example, are currently advised to have blood transfusions only in cases of life or death emergency.[29] It is hard to imagine how people absorb this information and make decisions on the basis of it. Yet, many have pointed out that the cost of protecting the blood supply is prohibitive: a US House Select Committee on Hunger Report, e.g., estimates that blood bank screening in Africa would cost approximately thirty times the annual public health expenditures of the entire continent.[29] The idea that blood bank screening, because it is so expensive, is "out of the question"[30] is repeated by most analysts of AIDS in Africa, including radicals.[31] Yet, it is worth at least questioning the elements of the the "cost" of the blood test.[32] As the test is currently performed, a single test kit set costs about $3-$5,[33] and repeated tests are often necessary to ensure valid results. All tests are subsequently sent to a laboratory for analysis by skilled technicians using special equipment (the electronic blood test machine is reported to cost $3000.)[34] Clearly, as the Panos Institute Report points out, an inexpensive beside blood test is urgently needed in Africa. But equally clearly, this is not likely to become a priority for pharmaceutical companies' research and development, any more than reduction of the "cost" of test kit sets. With the lucrative Japanese market about to open up as Japan moves to institute mandatory testing of their population (estimates put the Japanese market at $22.5 million),[35] the prospect of protecting the African blood supply cheaply does indeed begin to seem "out of the question." However, we must remember that how much it "costs" to test the African blood supply is not a natural fact. Like other costs, it involves a political determination.

AIDS and Maternal/Infant Health: A Development Crisis

AIDS "is no longer simply [sic] a medical emergency," in Africa proclaims the House of Representatives Select Committee on Hunger report, it is a "development crisis." In addition to the people suffering from AIDS, and the enormous costs of treating them, which are already outrunning health budgets in some countries, there is concern that AIDS may reverse years of progress in promoting breast-feeding and childhood vaccination in Africa. Bottle-fed babies are twice as likely to die as breast-fed babies in poor communities in the Third World, due to unsterile bottles, contaminated water used in making formula, and/or malnutrition due to dilution of milk powder to save money. It is unclear whether HIV infection can be transferred from mother to child via breast milk; one case has been reported in the medical literature.[36] But, there are reports that African mothers have stopped breast-feeding their children for fear of passing the virus onto them.[37] And there is real concern that the multinationals, like Nestle, whose "dumping" of powdered milk on Third World countries has been challenged by campaigns for breast-feeding, will find a new selling point for their product in the age of AIDS.[38]

Vaccines for measles, whooping cough, polio, and tetanus have contributed significantly to decreasing childhood mortality and improving children's health in Africa, as elsewhere. However, it has apparently been common to reuse needles in vaccinating children, a potential source of HIV transmission. The fear of infected needles is apparently discouraging parents from having their children immunized.

You Have Been Chosen. . . . .

A recent report to the President's AIDS Commission that flashed in and out of the press[39] perhaps

needs some closer attention by those concerned with the international politics of AIDS. The report by Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, concerned the (grim) prospects for developing an AIDS vaccine. If a vaccine does look promising in laboratory studies, however, large scale human trials "may have to be" conducted in Africa, according to Dr. Fauci, who directs the federal vaccine effort, because the spread of AIDS among gay men in the US has "slowed to an extremely low level." (I.V. drug users among whom the disease is spreading rapidly, have already been ruled out by government scientists since they are not viewed as reliable subjects for experimental protocols. Their infected sexual partners, overwhelmingly women of color, are not even considered.) "Thousands and thousands" of volunteers would be required for a study to see whether a vaccine protects against AIDS, and American scientists are looking to Central Africa, "where the AIDS virus is still spreading explosively" to provide them. The precedents for testing unproven drugs and vaccines in the Third World should alert us to the potential significance of US Health Officials proposing to use Africans as guinea pigs for AIDS experiments.

Footnotes

1. Paula A. Treichler, "AIDS, Homophobia and Biomedical Discouse: An Epidemic of Signification," *Cultural Studies, Vol. 1,* #3(October 1987)

2. The usually quoted figures are 1.5 to 5 million. We have been unable to locate the statistical arguments that support these widely divergent estimates. They are continually being revised either dramatically upward or more recently, dramatically downward.

3. See e.g., T.C. Quinn, H.M. Mann, J.W. Curran, P. Piot, "AIDS in Africa: An Epidemiologic Paradigm," *Science,* vol. #234, November 21, 1986, pp. 995-63, where incidence in Kishasa, Zaire, one of the most heavily affected cities in Africa, is generalized to "Central Africa." It is common to read figures like 27 to 88% of female prostitutes or 1 to 18% of pregnant women infected, as if studies made with varying numbers of subjects in vastly different places can say something meaningful about the overall incidence of HIV infection in "Africa."

4. Panos Institute, *Panos Dossier I: AIDS In The Third World,* March 1987; update, Jan 1988. This is the best source we have found on AIDS in Africa.

5. Robert E. Gould, M.D., "Reassuring News About AIDS: A Doctor Tells Why You May Not Be At Risk," *Cosmopolitan,* January 1988, p. 147.

6. Fran P. Hosken, "Female Genital Mutilation and AIDS," *Sojourner,* February 1988, p.7.

7. See Deb Whippen, "Science Fictions: The Making of A Medical Model for AIDS," *RA,* Vol. 20, No. 6 for a detailed argument about how the focus on promiscuity similarly blocked research into specific sexual *practices* associated with HIV infection among gay men in the US.

8. David Dickson, "African Begins to Face Up to AIDS," *Science,* Vol. 238, 30 October 1987.

9. Lawrence K. Altman, "Linking AIDS to Africa provokes bitter debate," *New York Times.* November 21, 1986, p.8.

10. Hosken reproduces her famous map in *Sojourner,* February, 1988, p.7., and we are printing it here. The same map appears in Joni Seager and Ann Olson, *Women In the World: An International Atlas* (New York: Pluto Press, 1986), Section 4. Seager and Olson's own map (also in Section 4) by emphasizing percentages of women affected, corrects the distortion. See also Hosken's letter to the *New York Times,* "Why AIDS Pattern Is Different In Africa," December 15, 1986.

11. We are grateful to Fran White for making this point to us, as well as for extensive discussion of the possible relationship between female genital mutilation and the heterosexual spread of AIDS in Africa.

12. Hannah Edemikpong, "Speaking Out on Female Genital Mutilation," *Gay Community News,* March 13-19, 1988.

13. Charles Hunt, "Africa and AIDS," *Monthly Review,* February 1988, quoting Edemikpong, p. 17.

14. Panos Institute, *op.cit.* Update on the worldwide incidence of AIDS. January 1988.

15. See e.g., David Dickson, *op.cit.*

16. Belgium is currently considering requiring an HIV test for visitors from some African countries, according to information presented at the International Summit on AIDS held in London. *The Economist,* January 30, 1988.

17. *African Concord,* October 23, 1986, p. 41.

18. Richard A. Knox, *Boston Globe,* February 6, 1988 reporting on N. Nzilambi et al., "The Prevalence of HIV Virus Over a Ten-Year Period in Rural Zaire," *New England Journal of Medicine,* February 4, 1988.

19. N. Nzilambi, et al., *op. cit.*, p.277. For a discussion of the concept of *femme libre,* see Janet MacGaffey, "Women and Class Formation in a Dependent Economy: Kisangani Entrepreneurs," in Claire Robertson and Iris Berger, *Women and Class in Africa* (New York: Holmes and Meier, 1986), pp. 174-75.

20. See, however, Gill Sheperd, "Rank, Gender and Homosexuality; Mombassa as a Key To Understanding Sexual Options," in Pat Caplan, ed., *The Cultural Construction of Sexuality,* (Tavistock: London and New York, 1987). Nancy Krieger notes that only two studies in the literature have "indirectly implicated" homosexual transmission in Africa and the numbers are very small. "The Epidemiology of AIDS in Africa," *Science for the People,* January-February, 1987, pp. 18-19.

21. Paul Epstein and Randall Packard, "Ecology and Immunology," *Science for the People,* Jan/Feb 1987 p. 13.

22. Panos Institute p. 42. For Zaire, where 13% of the pediatric patients in a Kinshasa hospital were HIV positive and suspected to have been infected by blood transfusions used to treat malaria-related anemia, see A. Greenberg, et al., "The Association Between Malaria, Blood Transfu-

sions, and HIV Seropositivity in Pediatric Population in Kinshasa, Zaire," *Journal of the American Medical Association,* January 22/29, 1986, vol. 259. No. 4.
23. Panos Institute p. 42.
24. T.C. Quinn et al., *op. cit.,* p. 959.
25. Piot, "AIDS: An International Perspective," *Science* February 5, 1988 p. 57.
26. Julie Cliff, Najami Kanji, and Mike Muller, "Mozambique Health Holding the Line," *Review of African Political Economy,* No. 36 (September 1986), p. 18.
27. *Ibid.*
28. *African Concord,* September 25, 1986, p. 27.
29. *Africa News,* Vol. 28, No. 7, p.12.
30. Cliff, Kanji, Muller, *op. cit.*
31. Besides Cliff, Kanji, and Muller, see Charles Hunt, "AIDS in Africa," *Monthly Review,* March 1988.
32. We are grateful to RA editor, Judy Housman, for raising this issue to us. For an enthusiastic analysis of the international AIDS testing market (currently estimated at $100 million annually, and expected to double over the next five years as calls for testing intensify), see Vicki Glaser, "AIDS Crisis Spurs Hunt For New Tests," *High Technology Business,* January 1988.
33. Panos Institute, *op. cit.,* p. 6.
34. *Ibid.*, "Sister Nellie in Kampala," p.43.
35. *Ibid.*, p. 48.
36. *Ibid.*, p. 38.
37. *Africa News, op. cit.*
38. Panos Institute, *op. cit.*, p. 38.
39. "US Health Official Calls Africa Best Place to Test AIDS Vaccine," *New York Times,* February 19, 1988.

A VIDEOTAPE IN FOUR MOVEMENTS ABOUT ONE NICARAGUAN FARM
BY
JULIA LESAGE

60 minutes, purchase only: 3/4" – $125
VHS – $30 individuals, $60 institutions

JULIA LESAGE, 2620 N RICHMOND
CHICAGO, IL 60647. 312/252-6616

JUMP CUT
no. 33

all new look

magazine format

MIAMI VICE
L.A. LAW
Photographic image of under-development
COLOR PURPLE
Teaching third world film
AIDS and safer sex

4 issues, $14. Canada and abroad, $16.
Institutions, $20. Canada and abroad, $22.

PO BOX 865, BERKELEY, CA 94701

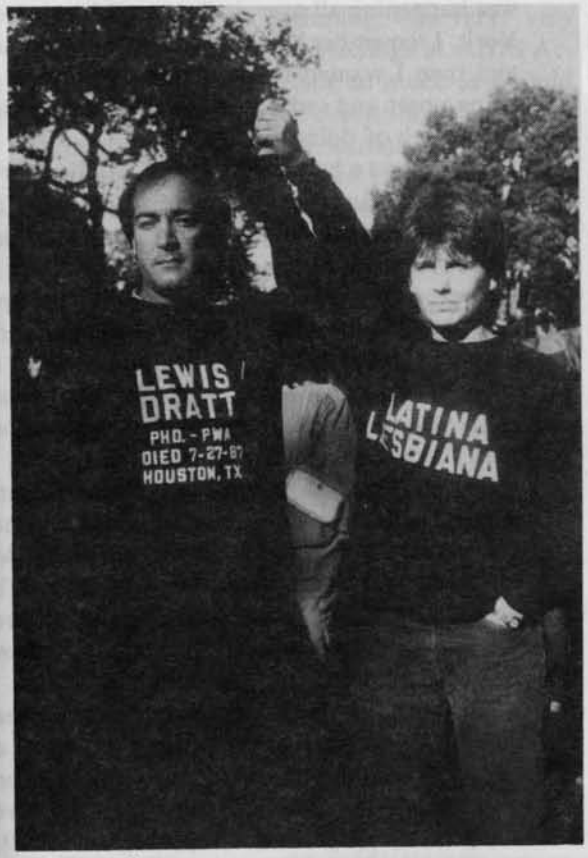
MULTI-CULTURAL CONCERNS AND AIDS ACTION: Creating an Alternative Voice

Part One

On March 8, 1988, Radical America *editors Evelynn Hammonds and Ann Holder interviewed three members of the Multi-Cultural Concerns Committee of the AIDS Action Committee (AAC) of Boston. Formed in 1983 to provide services for people with AIDS, AIDS Action now has over 1300 volunteers and a $3 million budget. AAC is one of many organizations that draws its resources and volunteers primarily from the gay male community (largely white), where the disease originally hit the hardest. Along with Gay Men's Health Crisis of New York and other urban AIDS organizations nationwide, AAC is now facing the changing demographics of AIDS patients. In Boston, twenty-five percent of the current case load is people of color, and this is matched or surpassed by the figures in other cities.*

The Multi-Cultural Concerns Committee (MCC) was formed two years ago with the goals of producing literature for and providing information to communities of color, making AAC and AIDS services accessible and responsive to people of color and having a voice in the creation of AIDS services, policies and the allocation of resources. This interview was an opportunity for MCC members Paula Johnson, Jose Pares and Doralba Muñoz to initiate a wider discussion, one that places race and multiculturalism at the center of the AIDS agenda.

In this, the first of two parts, Muñoz, Pares and Johnson describe the origins of MCC,



Ellen Shub photo

the slow recognition of the disproportionate impact in communities of color, the tensions between themselves and AIDS organizers on one hand, and their own communities on the other. Part two will appear in the next issue of RA.—*Ed.*

How It Began

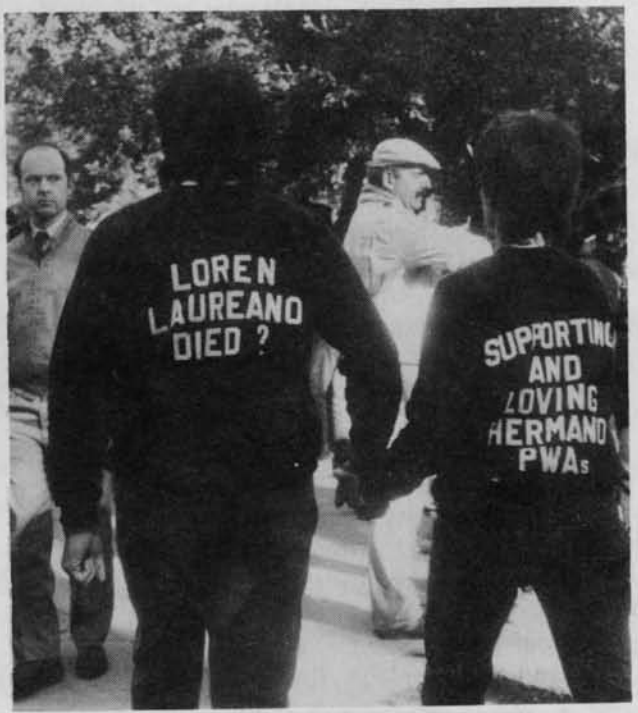
RA: Can each of you talk about how you came to do this work, what personal and political motivations led you to work on AIDS?

Jose: I'll be twenty-four in a couple of weeks. I am from Puerto Rico where I was a student activist at the University of Puerto Rico. I had to leave the island for political reasons after a student strike I was involved in. I transferred to a small Catholic college in Pennsylvania, where I was pretty quiet for a couple of years and then I was a little active on minority issues. I came out my junior year in college, and moved to Boston to go to graduate school. At that point my interests were still attached to working with the Latino community. I didn't see myself being out as a gay man in the Latino community because I was very afraid of the consequences.

Then I started to realize what was going on in the Latino community with respect to AIDS. A friend of mine invited me to a meeting, the very first meeting of the Multi-Cultural Concerns Committee (MCC) in the Harriet Tubman House. That's how it began two years ago and it seems like I've been doing it forever. In a way it has been very empowering for me because I never thought I would be totally out in the Latino community and now I am very out in the community. So when the Latino community tries to keep gay people in the closet even when they deal with AIDS, I say no that can't happen because we're here."

Paula: I also attended that first meeting at the Harriet Tubman House. My background has been in the battered women's movement, for a number of years, and just relating to other struggles. Things are so interrelated that you can't really separate out one single issue but my work was primarily with shelters and advocacy for battered women.

In the early years when AIDS was first com-



Ellen Shub photo

ing to the attention of the United States, it dawned on me that so much was being said about the disease but nothing was being said about people of color. I started thinking that whenever there is a catastrophic illness it usually affects people of color in astronomical ways. So I was looking for information at the same time that a meeting was called for people of color to get involved with AIDS Action. I recall getting a flyer and just blocking out everything else to make time for that meeting. For me the work is important because it is a matter of life and death, because it does affect us in disproportionate numbers and because no one was telling our communities that this affected them. Like Jose, for me the work culminated a lot of my own experiences, abilities and information and allowed me to take them to my community- meaning the communities of color. So it really stems from that desire to provide some life giving information to the people in my community.

RA: Did you have friends who had AIDS?

Paula: Yes, I knew people who had AIDS, and that was another impetus but on a larger scale I was interested in knowing what was being done, how our communities were specifically being addressed. I knew people who had this disease and certainly other people did as well and they weren't making the news. The way AIDS was portrayed in the media suggested it didn't affect anyone other than gay white males. I started my own research which I've tried to do since those early days, and since the very beginning it showed that AIDS was disproportionate in the communities of color. That never came out until very late. Only now is that prevalent in the media—only now are people beginning to say this affects communities of color.

Doralba: It is hard to remember how I got involved with the Multi-Cultural Concerns Committee. When I tried to remember, at first I blocked it out. I think what brought me there was that time between April and October [1986] when I realized how many people of color were dying of AIDS. By then I had known three or four people who had died. They were friends, and also people who were important to me. It was happening all over, in Boston, Miami, New York. I remember being very upset and very sad and then I wanted to do something instead of being upset and sad. Going to my first meeting was a way of doing something.

Then I had a hard time staying. My first three or four meetings were kind of difficult partly because of my whole struggle around volunteering. For example, translations were included in the volunteer services AAC wanted us to provide and I remember saying, as a principle I do not translate. I lobby to get the government to pay for translations that are linguistically and culturally accessible. If this is what this is about then I'm wasting my time.

But people there convinced me of how little was happening everywhere else. We could not yet depend on other agencies. What we needed to accomplish was important and AAC was the only place we could do it. I was caught — it was there or nothing. It feels like ages since we started working there.

I was not aware of any kind of comprehensive AIDS services truly accessible to people of color, with the exception of AAC and the Fenway Community Health Center (which serves many in the gay community and was on the forefront nationally of serving people with AIDS). When I think of the Latino community agencies I trusted, none of these agencies or their leaders were even talking about it much less showing leadership or committment. There were moments when the level of denial was offensive. There was nothing for the people I knew who had died or were sick, those were Latinos and people of color. Community agencies were not the places they were going because of issues of confidentiality. If I walked myself down Dudley St. or Columbia Rd.* or places like that, there was nothing.

Going to the Community

RA: It seems that in the last six months lots of things are happening with community based education, and agencies and clinics responding to the disease. Can you talk about what the past two years, since MCC was formed, were like and the kinds of things that you did to try to move the process? What limitations did you encounter?

*Major thoroughfares in the Black and Latino community.

Jose: For me the beginning was very, very basic. I would come to meetings at AIDS Action and I started learning as much as I could about AIDS. I read everything that went through my hands and I started to understand the political implications of this epidemic for our communities. The very basic work started with going to the community.

Tania Garcia was the first chairperson of MCC and she and I did a lot of public speaking at those early stages. We'd get phone calls from radio stations or some of the Spanish-speaking T.V. shows and we would go there and speak. I remember we would get five or ten minutes to say all there is to say about AIDS in the Latino community. It was very difficult. We'd go and do this quickie, just basic symptoms, how it is transmitted and so forth. Then the interest started snowballing and the interest in the community started growing. One of the myths, about the Latino community at least, is that the community is resistant to this information. But that's not true; the community is eager to get this information. The problem is they're not getting it. We started getting demands for more public speaking engagements and it kept growing. From five and ten minute pieces on a radio show, I'm now getting speaking engagements for a whole half hour or an hour. Now we get conferences on minority issues rather than only a minority slot in a day long conference.

Paula: My experience is similar to Jose's. In the beginning I just lived and breathed all the AIDS information you could possibly get your hands on. There was a lot of information being generated and sometimes it was overwhelming. You felt like you could read twenty-four hours a day. My sense of what the Multi-Cultural Concerns committee was like in the beginning, was that people had come together out of their desire to get information, to take something to our communities or to find out what was happening there. The next progression was to become more organized. To channel people's interest and energy into something that was going to directly relate to our communities. We tried to find out what our people needed while we went out there talking to them.

Like Jose, my experience has always been that people in both the Black and Latino community, have been very interested in getting in-

Marilyn Humphries photo.

formation. I talk to people in shelters, work groups, employees, that sort of thing. I once spoke to a group of home health workers, mostly middle aged Black women. Some of them worked with people who were ill and so they were extremely interested in knowing about the contagiousness of the disease. But generally when we got beyond the specifics, transmission and those types of questions, they wanted to know what it meant for their community. What can I do? How can I get or give more information? So people wanted to know. That has always been my experience. As for the committee, I think we've decided that we're about getting the message out there, getting people to hear that AIDS is something they should be involved in.

Multi-Cultural Concerns and AIDS Action

RA: How many people were in the original group? And how did it break down in terms of men and women, Hispanic, Black?

Jose: Somewhere between twenty and twenty-five, mostly women. At the beginning stage, it was mostly Black; there were only three of us Latinos. And slowly it changed.

Paula: Yes, it slowly reversed itself to where now it's mostly Latino. Still mostly women. There are different levels of membership; there are people who come to our monthly meetings, there are people on our mailing list because they have been involved. Everybody doesn't attend the meetings. I think on paper we have a very diverse group but in terms of people who actually attend it's mostly Latino and mostly women. But when we do specific projects people come out of the woodwork to participate.

Jose: There is one comment I would like to make at this point. That is, in communities of color, lesbians have been at the forefront of the AIDS battle, more so than gay men. There were only a few of us men and a ratio of about three lesbians for every one of us involved.

Paula: But the MCC is a diverse group. There are gay men, gay women, straight men and straight women in the group. And that is the composition that we need because everybody brings a different perspective and as long as they can accept the perspective of other people then we can work together.

At the beginning there were more Black men, most likely gay Black men, and they did play a large role in getting the group off the ground but for various reasons, they don't attend regularly.

RA: Could you talk about your role in AAC, the relationship between the MCC and the rest of the organization. Has AAC been a big support base for you politically, financially?

Paula: That's a big, big issue. Lots and lots of questions that we are thinking about. I think initially there were people of color who thought "AAC is a very white organization." But AAC is "the" AIDS organization in Massachusetts, there are people being affected by AIDS who aren't white and so we got in there to get involved to see how we could address the needs of our communities through that organization. So that's how it started. Once we got there I don't think AAC knew quite what to do with us. We of course formulated our own idea of what we thought our communities needed. So there was tension.

Volunteers and Volunteerism

Jose: There were staff members and steering committee members who had expressed interest in our focus and got involved with us. But personally I have come to realize that there are things that AAC can do and there are things that AAC can't do. For instance, AAC wanted us to help them to get more bilingual volunteers to work on their hotline. But if you want to have a community-based service in the Latino community you can't get volunteers because you are talking about a low socioeconomic group and volunteer work is not something people do. So another group in the community got together and wrote a grant and got money to run a Spanish hotline for the city of Boston. It's not going to be a volunteer hotline. The staff are going to be paid. And we are going to get community people to do the work.

RA: So when you raised that volunteerism is different in a community suffering economic stress, were people open to that or did they still think that you should find people who were willing to do it for free?

Doralba: To take the hotline as an example, we always said we need Spanish-speaking people, Haitian/Creole-speaking people on these hotlines. Who's going to call if they can't get answers? It's a circle, you won't get people asking for assistance unless they know they can be understood. But the hotline at AAC is staffed by volunteers, with the exception of the person running it. So when we say, "we need this," they ask us why we don't have volunteers. We say, "Well, we don't have them yet, are we going to get punished for that?" We were told to bring Spanish-speaking people, French-speaking people and people from the Black community, but forget it, we don't have them yet. It's true we cannot bring those people to answer the hotline." So we ask, "Why should we wait until people in the community understand that they should come and volunteer. In the mean time, why don't you just pay them money to do it? It would be such an amazing service."

Jose: Finally they realized that they won't get volunteers so they are going to cooperate with the Spanish hotline by providing some of the training for hotline workers.

A Multi-Cultural Committee or a Multi-Cultural Organization?

Paula: I think that they thought for the most part that things that had worked for their group should work for everyone. There's this generic term volunteer, and the idea that "we need volunteers." So go find some in your community and put them on the hotline or whatever. That's just one example of cultural misunderstandings in our relationship. Another is around what it means to be a gay person in the Black and Latino community as opposed to being a gay white male. Racism, sexism and our different economic positions play a role that make our experiences in our communities different than that of gay white men. Those things have to be recognized. The educational trainings AAC runs for volunteers and staff, with some input from us, started to include information about AIDS and people of color that was lacking before. Previously, it was just about AIDS statistics and basic information. We had to broaden their view.

Jose: When I took my client services training in 1986 they used an all white middle class curriculum.

Paula: So it's really not enough to try to put a group like ours together and give them an office and then throughout your whole institution not incorporate the notion of diversity or commit yourself to really becoming a multi-cultural organization. We find ourselves raising the same issue, sometimes, with a different face,

AIDS educational brochure from the Minority Task Force on AIDS, New York City.

but the same issue, and that is — "Did you think of this? When you think of any particular issue you ought to be thinking about how it also affects other communities. Whatever you're thinking about, what are the ways it affects other people differently?" That's how we've been really striving to influence the group.

For example, let's take testing. There was a big push for mandatory testing- well that's going to disproportionately affect communities of color and somebody needs to be saying that. Or take explaining the transmission of the disease. It has affected our communities slightly differently. For example, there is a serious problem for women and children in communities of color that is now beginning to be addressed. Of course it affected gay and bisexual men in our communities and that is something we don't want to lose sight of either, or how it affects men and women in our communities differently. When you take a position or put out information, you have to take into account how that information pertains to a specific people or community as opposed to just some generic audience, which turns out to be white or even white gay male.

Barriers to Community Response

RA: When you go to the agencies in your communities and talk about how little action there has been in relation to AIDS, how do they respond? Do they attribute the lack of response to the way the disease was being portrayed or to lack of information in the communities?

Stephen Stewart photo.

Doralba: When I think of it, it wasn't that long ago. I'm thinking back to August of last year as a landmark. There was still the attitude that AIDS was a white gay disease. There were leaders who were really homophobic and that shaped what people could see.

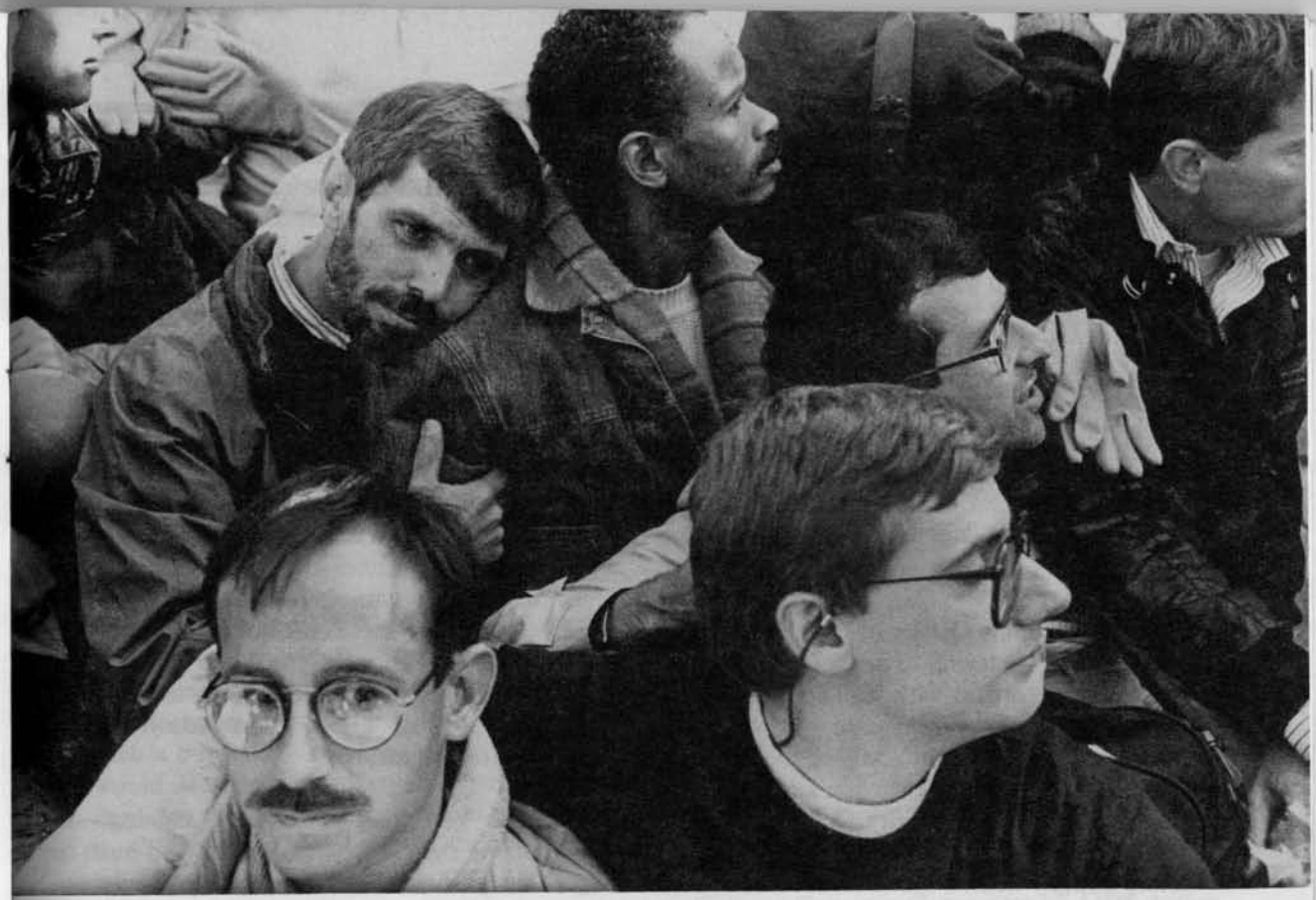
I remember over a year ago there was an event organized by an individual working at Upham's Corner who was connected with the MCC and nobody showed up. Back then, people couldn't even associate themselves with an event related to AIDS education. The stigma was so great that you couldn't afford to be associated as a member of the community. At that time we realized we had to create security for people who needed the information so they wouldn't fear being ostracized. We also had an event in May for community leaders and providers in Roxbury, and it took a lot of pushing for people to go. About seventy people went, and I recall very, very few community leaders from the Latino community, literally a handful. I remember it being very visible that they were not there. So, it was like which way did we go?

When I think of the delivery of services, the Department of Public Health itself didn't have any type of protocol to deal with the diversity of people affected by AIDS. Back then, as part of the governor's budget, money was allocated for services to "minority" communities. But it is nearly impossible to trace how effectively that money was used, and from inside the community it has been hard to see the impact.

RA: Could you all speak to some of the changes that are taking place among the leadership now. It seems like people are moving or at least that's our impression. Are people moving without a base?

Doralba: Without a goal!

Jose: In the Latino community there is still resistance among the leadership. There's the group that started the Spanish hotline, called the Latino Health Network and some of the representatives of that group have tried to contact the leadership who respond that AIDS is not a priority for their agencies. They have said that explicitly. So we're still struggling. Some



leaders are starting to get involved. I personally have problems with some of them because they want to address AIDS in the Latino community just as a health issue and keep the gay issue aside. Maybe they will address i.v. drug use, but nothing else.

Paula: Yes, that's the thin line that we walk: on the one hand, we know we can't do it all and we really need these people to speak out and assert the AIDS issue in our community. On the other hand, you want to be sure of the message they're giving. You worry that they'll coopt the public discussion of AIDS both because it might be politically savvy for them to take it up as an issue in the community, and also because they have their own moral agenda, not in the sense of the Moral Majority, but in the sense of not addressing gay people in communities of color. When somebody is going to speak about AIDS and when somebody is going to speak about communities of color we want to make sure that they are also talking about gay people, they're not just talking about i.v. drug use. In our committee we have a policy that whenever we do public speaking we always mention all the ways that AIDS is spread or contracted in communities of color, not just i.v. drug use. I generally think there has been a bankrupt response from public officials in our communities. I mean the people who usually speak about anything dangerous to people in our communities have not talked about AIDS. It's really shocking. It's really disappointing.

RA: What is your assessment of the current situation in the Black and Latino communities, including what you've accomplished over the last two years?

Jose: Well, I feel like after two years of work there is awareness but awareness is not enough, more needs to be done. As a service provider myself, I don't think the agencies within the communities are ready to deal with what's coming. This unfortunately, is just the beginning. The next three years are going to be horrendous — with increasing case loads in communities of color. There is need for massive education within the community to stop the spread of HIV. There is a huge need for training among service providers, to deal with this issue...

Marilyn Humphries photo.

Paula: I guess there is more awareness. Just the fact that is being discussed within the communities indicates a change. Before there was a lot of denial. People knew people who had AIDS or had died of AIDS and nobody would acknowledge that. It's true that people don't die of AIDS but from related opportunistic disease. But it became a practice that when someone died the cause of death was listed as anything other than AIDS-related. Now my sense is that people say it, can say the word, they know that this is an illness that is everywhere. More community places are trying to get either a specific worker or wing to deal just with AIDS. Dimmock Health Center has someone, Uphams Corner has someone, those communities are trying to get some kind of effort together to deal with it. This raises community awareness. For example, if you go to Dimmock for a checkup and you see that they have an AIDS program then you know that this disease is in our community. Also, there have been more articles about AIDS and people of color. Usually when I speak or am interviewed it's someone who wants to know specifically about AIDS and people of color. More of that is happening.

Doralba: I think the media has finally begun to validate some of what is happening, especially after the August conference in Atlanta [for and about AIDS and minorities]. Since then, there has been a story almost every day. Paula is absolutely right in saying that before, people didn't want to talk about AIDS or acknowledge it. I remember a year or two ago hearing that people were dying of pneumonia; even with education on the topic, it took me time to put two and two together. Doctors often act to "protect the family." If the provider says this person died of pneumonia, then this person died of pneumonia, period. As more and more people are affected, a lot of people know somebody so you can't ignore it anymore.

Presente

Paula: There is a lot of isolation also, in terms of people not acknowledging AIDS among their friends and family. One of the things that really struck me is how isolated people can be when somebody close to them has an illness as serious as AIDS and they can't talk about it. That's an incredible stress. One of the most moving things that I participated in was the program we did in the South End at the Jorge Hernandez Cultural Center, called *Presente.* At one point in the program we gave everybody candles and invited them to just stand up and say the name of the person they knew who had died of AIDS because that person was still with us. They would stand up and say the name and the whole room would respond, "*Presente.*" It started off slowly but then began to cascade with names and names of people, both men and women, Latino names, Haitian names, names of people from the Black community. It was such a release because you knew that people were holding it in for a long, long time. These were people they knew, I mean they weren't saying Rock Hudson.

Doralba: Yes, that was very moving. In organizing the event, we really had to push to get that particular ceremony going. About ten minutes before we were supposed to start, the person who was responsible for carrying out the ceremony came up to me and said, "I can't do it."

I said, "What do you mean you can't do it, this is it, this ceremony is the main part of the event."

"Well," she said, "I can't do it, we don't have the time."

"What do you mean we don't have the time?"

Then she said, "Maybe we can do it for just five minutes."

I remember saying, "No!" What was happening, what was playing out was how hard it was. Because we knew that it was validating the loss of somebody and doing it in public for the first time. One of the strongest impressions I have was when I saw the doors of the place close. We were 200 people in there and someone had the great idea of closing the doors. Suddenly we were a community and looking at people's faces there was a sense of safety. It was okay to say the name of your dear one who had died of AIDS because the person next to you was there to support you and because they had gone through something similar to you. Suddenly

you realize you are not the only one. It was your experience, but it was a community experience at the same time. And it was amazing, it was really moving.

Paula: Really moving, a lot of emotion, you could feel the release in the room . . . There is something about saying the name out loud that is freeing in the sense that you can say, "This is what happened to this person who I cared about," and be in a room full of people who are giving you the space to say that and who are trying to be there to support you when you say it.

Jose: Such a liberating act. I've worked with families, and indvidiuals afflicted by AIDS. In the Latino community the families usually do not abandon their children, but they take on such a burden by keeping this family secret. I would see entire families and they would be there for their son but they would not mention it, AIDS. Forget about talking about being gay. So, just being able to say it is such a liberating thing.

Doralba: I remember seeing faces there that I've seen involved in many other issues, but people I know were going to their first event related to AIDS. They picked up from there and they became involved. I think we need to do a lot more of these rituals in our own communities because of the vulnerability people experience and the safety those events provide. We were proud, I mean these people were people we loved and were proud of. . . .

Paula: And they thanked us, and when they thanked us it wasn't as if we had done this great big favor, they just thanked us for being there. I felt that they were really glad we had thought to come to them and do this.

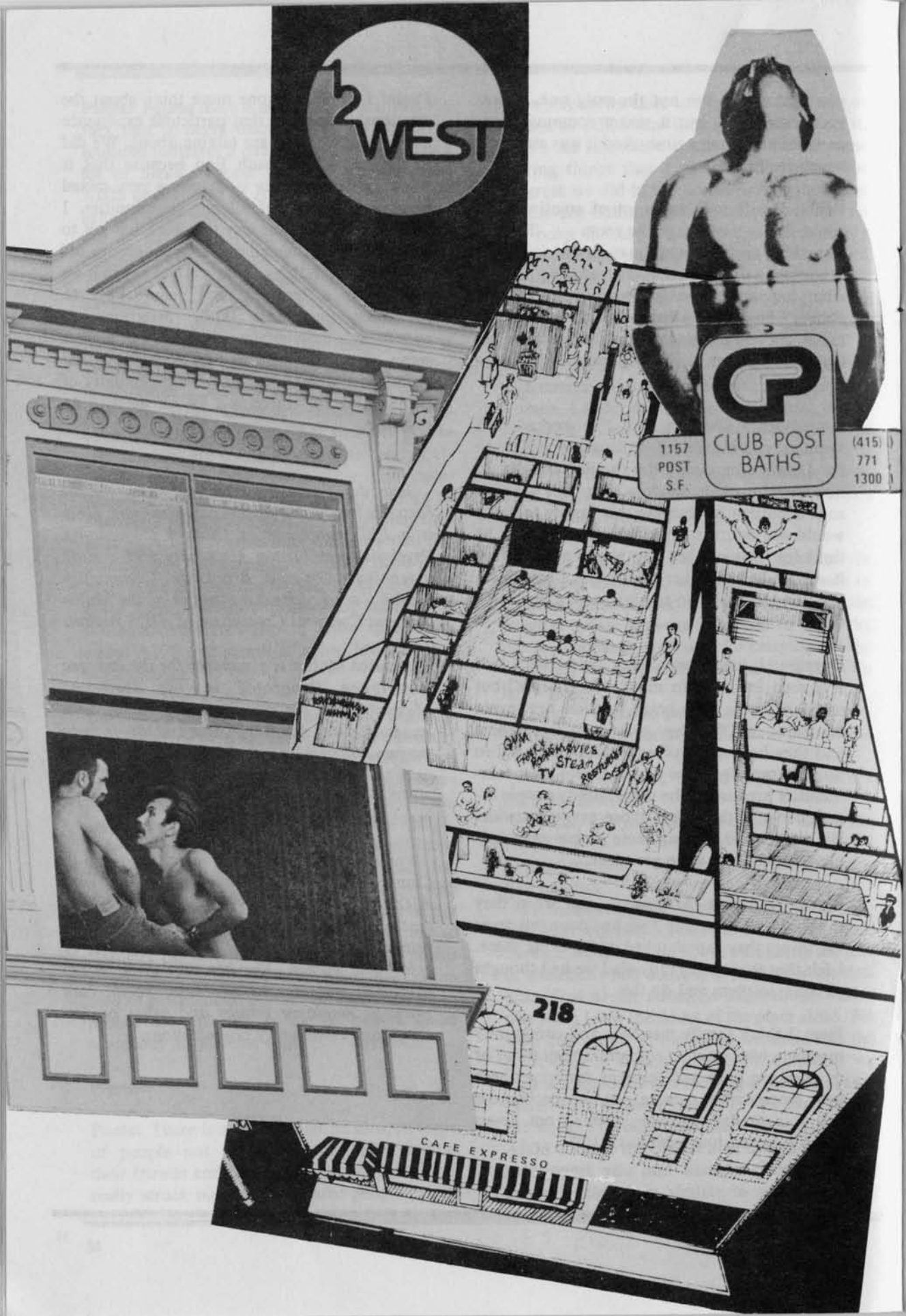
Jose: I think family members and community members who want to empathize with those of us who are gays and lesbians can experience how empowering coming out can be because this is a similar situation, coming out about somebody you love who has AIDS.

Paula: I would add one more thing about the relationship between that particular experience and other things we are talking about. We did this event in the South End because that is where our community is. It was a very mixed audience in terms of all our communities. I believe that this is the way this work has got to be done; rather than all the different groups off doing their own thing. That's not to say that we don't have differences, and people have to recognize that and tailor programs to everybody's individual needs. But I felt a great sense of togetherness in that room and that points to a larger issue that as a community of people of color, there is a lot we need to do together.

Jose Pares *was born in San Juan, Puerto Rico. He has lived in Boston for three years. He is is a PhD candidate in Clinical Community Psychology at Boston University and a staff psychologist at the Brookside Community Health Center. Jose is a member of the Multi-Cultural Concerns Committee of AIDS Action.*

Doralba Muñoz *is a manager for the Refugee Assistance Programs in the state of Massachusetts. In addition, she works with issues affecting people of color and low-income women and children, especially in regard to access to services. She has been involved with AIDS-related issues since 1986 and is currently co-chair of the MCC.*

Paula C. Johnson *is a housing attorney in Cambridge, MA. She has been involved with AIDS education for over two years and is currently co-chair of the MCC. Her efforts are primarily directed toward the communities of color and women. She has also given AIDS education trainings to attorneys, health care workers, employee groups and other professional and community organizations.*


1/2 WEST
CLUB POST BATHS
1157 POST S.F.
(415) 771 1300
GYM
Stean
TV
218
CAFE EXPRESSO

MORE THAN THE STORY OF A VIRUS: Gay History, Gay Communities and AIDS

Robert Padgug

Patterns of disease are as much the product of social, political, and historical processes as of "nature/biology." If disease is in some sense "socially constructed," this is as true of the current AIDS epidemic in the United States as of any other disease. AIDS is not, as the title of a recent volume issued by the prestigious National Academy of Sciences would have it, "the story of a virus."[1]

This is, perhaps, most clearly seen by those directly involved in the epidemic. Cindy Patton, an AIDS organizer, notes, "To those outside AIDS organizing, AIDS continues to be viewed primarily as a single issue. To those inside, the range and complexity of issues tapped seem almost impossible to combat."[2] In this article I uncover some of the complexity involved in the historical construction of AIDS in the US. Specifically I am focusing on the gay male communities.

On the simplest level, reactions to AIDS are analogous with comparable diseases in past times. The treatment of lepers in the European Middle Ages; the fear and loathing occasioned by periodic outbreaks of plague from the fourteenth to the seventeenth centuries; the common, although by no means universal, opinion that syphilis was a divine, or at least medical, judgment on sin from the sixteenth century to our own day; and the use of cholera

in ideological struggles against the working classes in the nineteenth century, all bear resembalances to aspects of the AIDS epidemic. The common, if inexact, use of "plague"[3] to describe AIDS, or "leper" to describe its sufferers, testify to similar historical reactions to occurrences of dread disease, especially those of unknown or uncertain cause.

But as a historical phenomenon AIDS can hardly be comprehended through a mere compendium of attitudes and activities collected from earlier crises. This is, after all, not the fourteenth or nineteenth century. We live amidst vastly different social conditions and possess a significantly more complex epidemiological and medical knowledge. Understanding the AIDS epidemic requires historical specificity.

What distinguishes AIDS as it has been constructed in the United States from other diseases is the centrality of sexuality, specifically homosexuality, to its etiology and spread. As Michel Foucault and others have argued, sexuality has an immense importance to the construction of personality as well as ethics and morality in the modern world. Or, as Susan Sontag more colorfully, although less historically puts it,

> Since Christianity upped the ante and concentrated on sexual behavior as the root of virtue, everything pertaining to sex has been a "special case" in our culture, evoking peculiarly inconsistent attitudes.[4]

In this sense, AIDS is certainly a "special case." In fact, AIDS has been constructed mainly in the image of homosexuality as the latter itself was constructed in the scientific and popular mind of the mid-nineteenth century to the present.

During the first stages of the epidemic, 1981-1982, few aside from gay men paid much attention to AIDS—certainly the popular press did not and only to a limited degree did the government and medical community. AIDS was something happening to "them"—outsiders, "out" gay men.[5] This silence, this absence of public discourse, is essentially the way homosexuality has normally been treated except in periods of moral panic. Hysteria forced AIDS into public attention via the possibility that the disease might spread to "us," might, that is cross that invisible, but everpresent ideological line that divides the normal from the abnormal, the moral from the immoral, the deserving from the undeserving.

The Obsession with Homosexual Personality

Attitudes toward homosexuality themselves have a complex history, and a variety of them were manifest in the AIDS crisis. English historian Jeffrey Weeks summarizes:

> Certain forms of sexuality, socially deviant forms—homosexuality especially—have long been promiscuously classified as "sins" *and* "diseases," so that you can be born with them, seduced into them and catch them, all at the same time. . . . In the fear and loathing that AIDS evokes there is a resulting conflation between two plausible, if unproven theories—that there is an elective affinity between disease and certain sexual practices, and that certain practices cause disease—and a third, that certain types of sex *are* diseases.[6]

In the nineteenth century, homosexuality underwent "medicalization" at the hands of physicians and psychologists. In the twentieth century, this custruction became widely known and accepted among the general population. Those formerly seen as sodomites, practitioners of a sinful sexuality, became "inverts" and later, homosexuals; that is, individuals with physically or mentally diseased personalities who had, in effect, *become* their sexuality. Again Jeffrey Weeks comments:

> We must not forget that the psychological, psychiatric, medical category of homosexuality was constituted from the moment it was characterized. . .less by a type of sexual relations than by a certain quality of sexual sensibility, a certain way of inverting the masculine and the feminine in oneself. Homosexuality appeared as one of the forms of sexuality when it was transposed from the practice of sodomy onto a kind of interior androgyny, a hermaphrodism of the soul. The sodomite had been a temporary aberration; the homosexual was now a species.[7]

Homosexual personality bore the features of its own corruption: it was gender-confused, un-

controllable, irresponsible and sought ever-new pleasures.[8] It was, above all, "promiscuous" and, in contemporary terms, "addictive."[9] These features drew the character of the gay man with AIDS and the gay man who was thought to spread AIDS. He was irresponsible, interested solely in pleasure, promiscuously sexual, diseased in mind and body, and "contagious" with respect to both his sexuality and his disease. AIDS was the very mark of his inner disorder, revealing the underlying homosexuality just as it was the "self-inflicted" result of it. As conservative journalist Patrick Buchanan neatly put it in the *New York Post*, "The poor homosexuals—they have declared war upon Nature, and now Nature is exacting an awful retribution."[10]

Right-wing polemicists like Buchanan, followed by many ordinary citizens, wielded this extreme set of hostile historical attitudes toward homosexuality to envisage AIDS as a natural and/or divine judgment upon all homosexuals, whether they actually had AIDS or not, which could, if the rest of "us" were not morally careful, spread widely.

Even before the appearance of AIDS, the American right wing had shown an "elective affinity" for attacking homosexuality—most notably during the McCarthy period of the 1950s and in response to the gay liberation movements of the 1970s. The fear of social change and modernism, with which homosexuality is often connected, has its own long and complicated history.[11] Today more temperate and sympathetic observers, some gays among them, have adopted one key element of the historical view of homosexuality: "promiscuity."

Promiscuity is central to the entire construction of AIDS around homosexuality. The characteristic feature of homosexuality, as it develped in popular and scientific fantasy over the last century, was to narrow sexuality to a lack of order, discrimination, and rules—a sexuality outside social order and institutions. From the satyrs, sileni and centaurs of Greek civic mythology to the Christian heretic of the Middle Ages to the homosexual and other "perverts" of the modern world, promiscuity has been the imagined sin of dis-

Bar scene from Preminger's 1962 film, Advise and Consent. The Celluloid Closet.

eased and dangerous deviations from the orderly norms of society.

The uses of the historical imagery of homosexuality to construct a disease leave us with a view of persons with AIDS or those likely to contract it as immoral agents, bearers of a disease just as they are bearers of a psychological, social, or biologically determined (male)(homo) sexuality. Even considered as an epidemiological "risk group," they share individual and narrow behavioral patterns that bring them into contact with a specific viral agent.

Such a view is insufficient on both epidemiological and historical grounds. Epidemiologically, disease patterns are fully meaningful when applied to groups and communities, yet it is not homosexuals who form a "risk group" but certain sexual acts that are "risky."[12] Historically, whatever biological or psychological roots homosexuality and heterosexuality have are only meaningful when viewed as socially constructed within specific societies. The obsession with homosexual personality turns out to be seriously misleading and leaves both homosexuals and AIDS outside history.

An even more complicated history is the history of changing social definitions of homosexuality. Homosexuals emerge as a special class of person, walled off from the rest of society. Largely in response, homosexuals created their own set of communities or subcultures with specific self-definitions, institutions, and ideologies.[13] In the context of this history and the manner in which it intersects with the history and attitudes towards homosexuality, AIDS, as an historically-determined epidemic, makes sense.

For Love, For Life

One of the most striking aspects of the AIDS crisis is the unusual degree to which the group that appeared to be the most affected took part in all aspects of its management. This includes providing social aid and health care to persons with AIDS—whether homosexual men or not—conducting research, lobbying for governmental funds, creating educational programs, negotiating with legislators and health insurers, and so on.[14]

Bob Andrews, Boston AIDS activist, 1950-1988

The manner in which the crisis has been molded ideologically and in practice by the gay male community would be more apparent if we lived in a society less interested in turning homosexuals and persons with AIDS into either victims or victimizers, and if the press were more interested in the massive mobilization by gay people. The story of the Gay Men's Health Crisis in New York City, for example, with thousands of volunteers and its efforts to care for many hundreds of persons with AIDS, including at this point a majority of persons who are not gay, still receives less attention than the minor efforts of the homophobic Catholic Church to provide care to a few "victims."

Comprehension of this massive and unprecedented effort requires looking closely at the history of the community undertaking it, for it is only within the changing realities of that community that definitions of homosexuality, actual sexual practices, gay organizations and institutions, and gay sensibilities can be understood. There is a noticeable absence of the gay male community—as a community of interacting and self-defining persons rather than as a pool of victims—from the media and from public discourse in general. The struggle that has most marked that community from its inception in the nineteenth century has been over the right to control its own fate, free from interference by police power or the ideologies of the state, the church, and the medical and psychiatric professions. Like other social

movements, the struggle has been about the power to define, to victimize, and to be refused entry into the public realm as a legitimate group. This history is most clear in the growth of varied, but interconnected[14], gay male communities in New York, San Francisco and Los Angeles—precisely the communities in which AIDS made its first appearance. The closely connected struggle for political identity and power began before the Second World War, and to a great degree because of WWII and the attendant changes in American society, grew to national significance in the period of "gay liberation" in the 1970s and 1980s.

This struggle for political and social power also molded the struggle over AIDS. Gay men have fought against the same institutions to retain some degree of control over defining and combatting the disease. Their refusal to see themselves as mere victims or to again be pushed outside society, while political, medical and moral "professionals" determined their fate, clearly derives from their prior experience of political and social organizing and represents a continuation and expansion of that experience in new forms.

The speed with which gay self-help and political organizations sprang up to meet the crisis was a measure of this prior organizational and institutional sophistication of the community. The gay male community had developed a wide variety of social, cultural and political institutions which could be turned to the the struggle against AIDS. As Michael Bronski puts it, the huge effort that has gone into AIDS organizing "is in the tradition of the gay movement—a direct response to an oppressive situation."[15]

Gay institutions devoted to sexual activity —bars, baths, backrooms, public spaces—were of great importance, although they hardly exhaust the content of the gay male community. The fundamental link among gay men, without which a gay male community could not have developed, was, after all, sexual. But it is important to understand that these institutions have historically represented far more than places to have sex, and have developed a greater symbolic and social significance to the gay community than have their non-gay counterparts. For decades they represented the only public spaces that could in any sense be termed homosexual and in which homosexuals could discover others like them within a homosexual world, despite frequent police raids and moral crusades. The immense role played by these spaces in that complicated double process of "coming out"—that is, entering the homosexual world as well as publicly committed oneself to one's homosexuality—is probably impossible to comprehend for anyone who has not experienced it.

It is not surprising, therefore, that when gay people asserted themselves and their right to exist in the gay liberation of the 1960s, these sexual institutions expanded astronomically and the room for sexual experimentation and creativity also expanded as an expression of gay identity, as a protest against the suppression of homosexuality, and as a genuine attempt to fashion a new society under new conditions of freedom. The public nature of much of this sexuality became another expression of the manner in which *gay male sex was a product of a community, not merely of a group of pre-existing*

Outside the Stonewall Bar, during the 1969 uprising, Village Voice.

homosexual individuals.

It was precisely these sexual institutions and the very role of sexuality within the gay community that were shaken by AIDS. The gay community is still struggling to deal with the apparent blow to its sexuality, but it is clear that strong emphasis on sexuality in its multiple forms will not be abandoned. It is too deeply rooted in gay history for that. Church, state, or medical forces that seek to use the AIDS crisis to banish *all* homosexual acts will not find the task easy.

This does not, of course, mean that gay men are not altering their sexual practices. But while some gay men are abandoning sex, most are adapting to the crisis by building new sexual identities via "safer sex" activities. The ability to restructure deep-rooted sexual practices may be connected to the adaptability of the gay male community. This appears to be structured by a long history of lack of support for gay institutions by the wider society and by the fact that gay traditions are not passed on through the traditional family.

In all of these arenas the gay male community has proven, after some initial hesitation, to be surprisingly strong, and its prior history helps to explain why this is so. One area in which the community has had more difficulty and demonstrated ambivalence has been the crucial one of medicine itself.

Gay Male Community vs.
The Medical Establishment

Ronald Bayer has suggested that gay men find themselves "between the specter and the promise of medicine."[16] There is a long history of hostility between the homosexual community and the medical world. Medicine offers potential solutions to AIDS and a danger of physicians and medical researchers assuming control over the gay community with the support of the state. It was, after all, physicians and psychiatrists who "medicalized" homosexuality in the first place. It was only in 1973, after a long and difficult struggle, that the American Psychiatric Association was "persuaded"—some would say forced—to remove homosexuality from its list of mental

Ellen Shub photo

disorders.[17]

In addition, an equally long history of neglect of gay male health by the medical community remains to be dealt with. Some gay men have received excellent medical treatment, but as middle-class men, not as gays. It was not recognized until the late 1970s that the gay male community might have health needs best treated in the context of the community.[18] In part this was due to the refusal of physicians and psychologists to recognize the existence of such a community. The medical profession insisted that gay people were merely so many individual bearers of medical or psychological essences, and with a heavy dose of moralism often stated it preferred to see people suffer from venereal disease than be free to commit acts it did not approve of.[19] It was also in part due to the fear of many gays that they would, in effect, be admitting their homosexuality before a hostile world by seeking treatment for particular types of sexually-transmitted diseases.

Whatever the cause, this mismanagement of the health of the gay community left it peculiarly vulnerable to new diseases, among which AIDS is not the only example, although it is the most devastating.[20] This same history created a gay community determined to play a significant role in the medical management of AIDS.

In sum, on this level of historical analysis it appears that the gay community also constructed the AIDS crisis in the image of its own history. This history, it turns out, is a complex one, involving the interplay of power and resistance within the ideological, social, and institutional arrangements of US society.

If, finally, we merge these levels of analyses to others that have not been dealt with here, such as the history of medicine and epidemiology, it becomes apparent that AIDS is indeed the product of social history, although of a history that may differ considerably from the one we had hitherto imagined.

FOOTNOTES

1. Institute of Medicine, National Academy of Sciences, *Mobilizing Against AIDS. The Unfinished Story of a Virus* (Cambridge, MA: Harvard University Press, 1986).

2. Cindy Patton, *Sex and Germs. The Politics of AIDS* (Boston: South End Press, 1986) p. 17.

3. One graphic use of this term was on the cover of the *Medical Journal of Australia*, vol. 1 no. 12 (June, 1983), where, under the title "The Acquired Immune Deficiency Syndrome," the phrase "The black plague of the eighties. . ." is featured in large type and the statement "perhaps we've needed a situation like this to show us what we have known all along—depravity kills!" is added in its own box. A death's head completes this package.

As late as the end of 1986, Robert C. Gallo, one of the discoverers of the virus claimed to cause AIDS, could still write: "It is a modern plague: the first great pandemic of the second half of the 20th century" ("The AIDS Virus," *Scientific American,* January, 1987, 47-56 at p. 47.)

4. Susan Sontag, *Styles of Radical Will* (New York: Farrar, Straus, Giroux, 1969).

5. Cf. Ronald Bayer, "AIDS and the Gay Community: Between the Specter and the Promise of Medicine," *Social Research* 52 no. 3 (Autumn, 1985) 581-606 at pp. 587ff.

6. Jeffrey Weeks, *Sexuality and Its Discontents* (London: Routledge & Kegan Paul, 1985) pp. 45-46.

7. On the process in general, see Jeffrey Weeks, *Coming Out* (London: Quartet, 1977) and Jonathan Katz, *Gay/Lesbian Almanac* (New York: Harper & Row, 1983), Introduction. Michel Foucault, *The History of Sexuality* I (New York: Pantheon, 1978), p. 44, summarizes the process:

> [The] new persecution of the peripheral sexualities [in the 19th century] entailed an *incorporation of perversions* and a new *specification of individuals.* As defined by the ancient civil or canonical codes, sodomy was a category of forbidden acts; their perpetrator was nothing more than the juridical subject of them. The nineteenth-century homosexual became a personage, a past, a case history, and a childhood, in addition to being a type of life, a life form, and a morphology, with an indiscreet anatomy and possibly a mysterious physiology. Nothing that went into this total composition was unaffected by his sexuality. It was everywhere present in him: at the root of all his actions because it was their insidious and indefinitely active principle; written immodestly on his face and body because it was a secret that always gave itself away. It was consubstantial with him, less as a habitiual sin than as a singular nature.

8. Cf. Philippe Aries, "Thoughts on the History of Homosexuality," in Philippe Aries and Andre Bejin, eds., *Western Sexuality. Practice and Precept in Past and Present Times* (Oxford and New York: Basil Blackwell, 1985) 62-75.

9. Cf. Patrick Carnes, *The Sexual Addiction* (Minneapolis: CompCare Publications, 1983; Craig Rowland, "Reinventing the Sex Maniac," *The Advocate*, Jan. 21, 1986, pp. 43-49; Daniel Goleman, "Some Sexual Behavior Viewed as an Addiction," *New York Times*, October 16, 1984, p. C1. Not surprisingly in light of the historical associations of this concept, it turns out that women and gay men are the groups most at risk for this newly identified "addiction."

10. *New York Post* May 24, 1983.

11. Cf. the material collected in Jonathan Katz, *Gay American History* (New York: Crowell, 1976); *idem, Gay/Lesbian Almanac* (op. cit., note 6).

12. See William H. McNeill, *Plagues and Peoples* (New York: Anchor Books, 1976), for a good overview from an historian's point of view. Cf. Sylvia Tesh, "Disease Causality and Politics," *Journal of Health Politics, Policy and Law* 6 no. 3 (Fall, 1981) 369-90 for interesting perspectives on the implications and consequences of theories of

disease causation that focus on individuals.

13. See the works cited in notes 7 and 11, above. In addition, see: Dennis Altman, *The Homosexualization of America and the Americanization of the Homosexual* (New York: St. Martin's, 1982); John D'Emilio, *Sexual Politics, Sexual Communities. The Making of a Homosexual Minority in the United States, 1940-1970* (Chicago: University of Chicago Press, 1983); *idem*, "Gay Politics, Gay Community: San Francisco's Experience," *Socialist Review* no. 55 (Jan.-Feb. 1981) 77-104); Jeffrey Escoffier, "Sexual Revolution and the Politics of Gay Identity," *Socialist Review* nos. 82-83 (1985) 119-152; Frances Fizgerald, *Cities on a Hill. A Journey Through Contemporary American Cultures* (New York: Simon and Schuster, 1986) pp. 25-120; Salvatore J. Licata, "The Homosexual Rights Movement in the United States. A Traditionally Overlooked Area of American History," in S.J. Licata and Robert P. Petersen, eds., *Historical Perspectives on Homosexuality* (New York: The Haworth Press, and Stein and Day, 1981) pp. 151-90; Toby Marotta, *The Politics of Homosexuality. How Lesbians and Gay Men have Made Themselves a Political and Social Force in Modern America* (New York: Houghton Mifflin, 1981); and Manuel Castells, *The City and the Grassroots* (Berkeley: University of California Press, 1983), ch. 14, "Cultural Identity, Sexual Liberation and Urban Structure: The Gay Community in San Francisco." Taken together, these essays begin the necessary task of uncovering the history of the gay male community. Much more remains to be done: these works tend to focus on politics and on the development of the gay community in San Francisco and, to a lesser degree, in New York City.

14. On all these aspects, and on the reaction of the gay community in general to the AIDS epidemic, see Dennis Altman, *AIDS in the Mind of America* (New York: Doubleday, 1986); *idem*, "AIDS: The Politicization of an Epidemic," *Socialist Review* no. 78 (Nov./Dec. 1984) 93-109; and Cindy Patton, *Sex and Germs* (above, note 2). In addition, it is important to look at coverage of AIDS in the gay press from 1981 on in some detail, in particular the *New York Native,* the (national) *Advocate*, and the San Francisco *Bay Area Reporter.*

14a. The various gay urban ghettos differ significantly among themselves—as gay people in general do—but share certain common features, including close connections with one another through the frequent movement of individuals (whether on a permanent basis or for tourism and vacations). The same is true of the gay communities of North America and those of (mainly northern) Europe. This close physical connection among gay communities, reminiscent to some degree of pre-modern communities of Jews or other minorities, probably accounts for the rapid spread of AIDS among gay men both nationally and internationally.

15. Michael Bronski, "Death and the Erotic Imagination," *Gay Community News* (Boston) Sept. 7-13, 1986, pp. 8-9 at p. 8.

16. Ronald Bayer, "AIDS and the Gay Community: Between the Specter and the Promise of Medicine" (note 4, above).

17. See Ronald Bayer, *Homosexuality and American Psychiatry. The Politics of Diagnosis* (New York: Basic Books, 1981).

18. The first relatively thorough and scientific survey and analysis of diseases specific to the gay community that I am aware of appeared in 1981: William W. Darrow, Donald Barrett, Karla Jay, Allen Young, "The Gay Report on Sexuality Transmitted Diseases," *American Journal of Public Health* 71 no. 9 (Sept., 1981) 1004-11; cf. the accompanying editorial of H. Hunter Handsfield, pp. 989-90, who cites other, less complete studies. Naturally the gay community itself was aware of its own medical problems, and sought to solve them through community-oriented clinics and an increasing number of openly gay doctors who devoted their practice to a more or less exclusively gay clientele. But these measures were almost certainly inadequate in extent and funding.

19. Cf. Alan Brandt, *No Magic Bullet* (Cambridge, MA: Harvard University Press, 1985).

20. Cf. Cindy Patton, *Sex and Germs* (note 2, above), p. 8:

> The opportunistic infections (other than KS and PCP) that accompany AIDS in gay men are precisely those minor infections that have, at least for the last few decades been a part of the gay male health picture. . . . Yet the historical relationship between lesbians and gay men and their physicians has been hostile and fraught with deception and fear.

Robert Padgug *is trained as a historian, working in the health insurance industry. He is writing about homosexuality and antiquity and more on AIDS.*

OCTOBER 43
AIDS:
Cultural Analysis/Cultural Activism
Douglas Crimp, editor
articles and contributors include:
"AIDS: Keywords" Jan Zita Grover
"AIDS: An Epidemic of Signification" Paula A. Treichler
"The Spectacle of AIDS" Simon Watney
"Is the Rectum a Grave?" Leo Bersani
"AIDS and Syphilis: The Representation of a Disease" Sander Gilman
"AIDS in the Two Berlins" John Borneman
"The Second Epidemic" Amber Hollibaugh, Mitchell Karp, Katy Taylor
"Pictures of Sickness: Stuart Marshall's *Bright Eyes*" Martha Gever
"Picture a Coalition: *Testing The Limits*" Gregg Bordowitz
"Fighting the Victim Label" Max Navarre
"People With AIDS Coalition Portfolio" P.W.A.C.
"Further Violations of Our Rights" Carol Leigh
"Needed:" Suki Ports
"AIDS Education as Cultural Practice" Douglas Crimp
$10.00 Available May.
Also to be published as a book in Fall.

Published by MIT Press Journals. Available at fine bookstores and
The MIT Press Bookstore
292 Main Street • Kendall Sq • Cambridge MA 02142
617 253-5249 • phone & mail orders • MC & VISA

When Jim died Joe didn't want
Mention of AIDS in the news.
Milton wanted a closed box,
Pat a military funeral.

We bury our living before we
Bury our dead.

Jim's going to have Pat's
Born Again heroin addict brother
Recovering Songs of Jesus's Love
And no one will wear leather.

When Larry died we all wore
Three-piece suits and sang
Hymns at Harvard-Epworth.
Larry's lover, passing as

Larry's best friend, spoke
On Larry's culinary skills
And Larry's closest woman friend

Told how Larry had died with her
And her hubby in the suburbs, while
Larry's boss spoke of his skills,

expertise with textiles. Gerry Sawyer
Asked the minister if Larry had attended
This church; the minister said, He

Came to our Old Movie series. Gerry
And I said That's nice, and admired the
Woodwork and then Gerry was dead and

Jim put the flowers on the bronze
Memorial erected by the City
To remind people Gerry'd lived

There. They misspelled his
Christian name.

Walta Borawski

LIVING WITH AIDS

Patrick Grace

Good evening. I am so happy and honored and proud to be here tonight. Thank you Fred Furnari and MASS ACT OUT for inviting me. Before I get into my talk I would like everyone to look around and see who is here, to see how many of us have shown up. I wish you could all, one at a time, see the view I am seeing now. There are hundreds of us here. It's beautiful!

My name is Patrick Grace and I live in Provincetown, Massachusetts. I am a person with AIDS and like so many of us here tonight I am living with AIDS and the changes the virus has caused in my life. As a 29-year-old I have buried many friends who have died of AIDS and there are many people with AIDS in my life. One of our common denominators, along with the virus, is a sense of powerlessness. So much can happen to people with AIDS so quickly. We are at the mercy of many forces. Tonight I would like to address some of those forces in control of my life. The life of a gay male with AIDS.

First and foremost, I am at the mercy of the AIDS virus. I do not know how it will unfold in me, or when. I do know that I have Kaposi's sarcoma, I do know that I have *Pneumocystis* pneumonia, I do know that there is an ongoing fungal infection in my bloodstream. I do not know my future. I am at the mercy of the AIDS virus.

I am at the mercy of New England Deaconess Hospital and the Harris Hall Clinic. I was hospitalized in September with a nasty bout of *Pneumocystis* and was told I could start an experimental aerosol pentamadine therapy in October. I was told the same thing in November, December, and January. It is February and I am still waiting. I am at the mercy of Deaconess.

I am at the mercy of Burroughs-Wellcome, the pharmaceutical manufacturer of AZT. Last month they cut the price of AZT by some 20 percent—from $1100 per month to $830 per month. But they have yet to release a financial statement showing justification regarding costs and profits in the research, development and distribution of AZT. They still have not answered the simple question, "why in hell does AZT cost so much?" I am at the mercy of Burroughs-Wellcome.

I am at the mercy of Medicaid which threatens to pay for the AZT for only those people with AIDS whose T-helper cell counts are low enough. Medicaid is threatening to stratify and define sickness. I have friends with AIDS, in wonderful health, whose T-helper cell counts are in the 10s and 20s. I have buried friends with AIDS whose T-helper counts were well above 200. I am at the mercy of Medicaid.

I am at the mercy of a state and federal welfare system which has granted me full and permanent disability. In fact my first case review is scheduled some five to seven years down the road. Clearly it is felt that I will be dead long before then. Yet this same system which has defined me as totally disabled and, for all practical purposes has me already buried, has granted me the sum of $460 a month on which to live. I have been given an additional $10 a month food stamps. Rents in Provincetown are much like rents in Boston. It is difficult for me to make ends meet—and the system prohibits my seeking or accepting supplemental income. I am at the mercy of our welfare system.

As a gay (former) Roman Catholic I am at the mercy of Bernard Law and the larger church he represents. This church continues to hand out fearful and antiquated teachings on human sexuality instead of handing out condoms. I am at the mercy of this church which holds the Eucharist as the Bread of Life and then tells me I am intrinsically and morally disordered. This church will hold my hand as I die; how easy that is; but it won't put a condom on my penis. This church, Bernard Law, does nothing to prevent the spread of the AIDS virus. I am at the mercy of this church.

I am at the mercy of elected officials. For

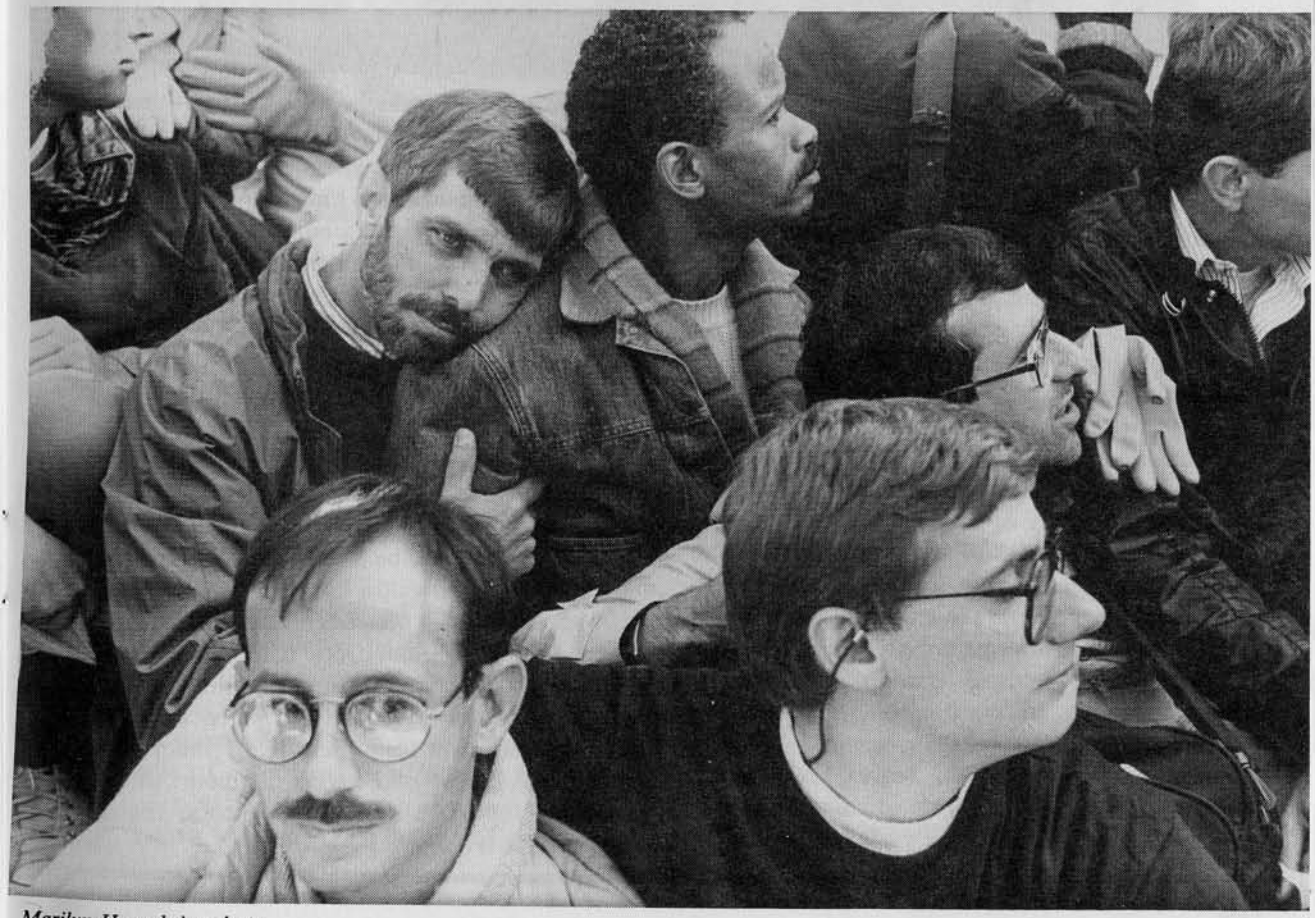
seven years Mr. Reagan never once publicly used the word "AIDS." Not once. His presidency, thank God, is nearing an end. His legacy will be one of death and ignorance. In the mid-1990s when over one million people have AIDS (CDC estimates) and when AIDS in this country is costing billions of dollars per year—fingers will rightly point at Mr. Reagan. I am at his mercy.

I am at the mercy of elected idiots like Jesse Helms who tells me that my safer sex brochures are so explicit they make him shudder and sick to his stomach. Mr. Helms makes *me* shudder and sick to *my* stomach. I am at the mercy of idiots like Thomas McGee who has the audacity to greet gay and lesbian demonstrators with an obscene gesture—as if his homophobia and bigotry weren't obscene enough. I am at the mercy of these idiots.

I am at the mercy of the Supreme Court which tells me that in my own bedroom I can not have sex with the man I love and in the manner I choose. I am at their mercy.

I am at the mercy of the Internal Revenue Service (April 15 is right around the corner) who makes it illegal for me not to pay my income taxes. And why wouldn't I pay income taxes? Because as a gay man I am not afforded the same basic civil rights as my non-gay brothers and sisters. Taxation without representation—I hear Boston has a history of this. It costs one billion dollars to build one B-1 bomber. To tell you the truth I would much rather my tax dollars go to AIDS research, education and sustenance of those already sick. I am at the mercy of the IRS.

In my home state of Massachusetts I am at the mercy of Mr. Dukakis who pays lip service and nothing more to gays and lesbians. Mr. Dukakis prevents us from being foster parents; Mr. Dukakis lies to us regarding insurance policies and HIV testing; Mr. Dukakis did nothing for us when it came time to promote and push for our bill—H. 5469, the Lesbian and Gay Civil Rights Bill. In the words of David Scondras "we (as gays and lesbians) don't have enough votes to elect a president . . . but we do have enough votes to *not* elect



Marilyn Humphries photo

Newsletter of the AIDS Action Pledge, Rick Gerharter.

one." I join my voice with thousands of other voices chanting "Dump the Duke!" I am at the mercy of Mr. Dukakis.

I am at the mercy of state legislators who tell me that as a gay man I don't need an anti-discrimination bill in Massachusetts because things are fine here. They smile into television cameras as we rally and protest. Fourteen of us are arrested and beaten up because we don't need civil rights and because as gay and lesbian people we are treated no differently than anyone else in Massachusetts. Tell that to the protestor who had his stomach kicked in. I am at the mercy of these legislators.

In a lighter manner, I am at the mercy of the Reverend Jesse Jackson. He simply *has* to win the presidency. He is the only candidate to address me and to address my issues. He is the only candidate to address *us* and *our* issues. The only candidate in Washington, D.C. on October 11. Please, Mr. Jackson, win.

These are some of the forces I am at the whim of, some of the forces which control and rule my life. It's sad and it's frightening but as bad as it is and as bad as it's getting—there is also tremendous good. Again, I ask you to look around and with your eyes greet your brothers and sisters who are here tonight. We are here in front of television cameras, newspaper reporters and radio microphones—we know the cost of being here—and we are willing to fight for justice. And it is good and it is beautiful.

Six-hundred fifty-thousand of us marched in Washington, D.C. on October 11 in the largest civil rights demonstration in the history of this nation. I don't care that *Time, Life* and *Newsweek* weren't there. I don't care that the *Washington Post* and the *New York Times* estimated our numbers at 200,000. We were there and we *know* how many of us were there. It was good and it was beautiful.

On January 4, hundreds of us were at the State House here in Boston fighting for our civil rights. Fourteen of us were arrested, heroes those fourteen. Several of them were brutalized. They will be tried in a court of law tomorrow. When will their captors, the arrestors, be tried?

We are here tonight, how many of us? Hundreds? Thousands? We are a brave and strong people fighting for our lives, fighting for justice, fighting to make America and the Commonwealth of Massachusetts work for all its citizens and not just the upper middle class white Republican heterosexual male.

In Provincetown I have the honor of being not only a client of the Provincetown AIDS Support Group but a volunteer as well. In addition, I proudly serve on the Board of Directors representing all of our clients. In communities across this country grass-roots AIDS support groups are, thank God, blossoming and/or in full swing. Groups like AIDS Action here in Boston. I say thank God because these groups are doing the work that our state and federal government is not. Most of these groups are mainly comprised of gays and lesbians and our supporters. We are teaching this country compassion, we are teaching this country that citizens take care of one another and as painful as the work is, as the burials increase, we continue the work. We are people who care. And that is good, and that is beautiful.

We are people who protest loudly and we are people who silently hold our candles against dark skies. We are people who weep when we bury our dead and we are people who pledge ourselves to stopping the senseless dying. We are people who will decide whether or not in good conscience we can pay our income taxes. We are people who organize. We are people who vote. We are people who write letters and place telephone calls with elected officials. And we are people who say "no."

"No" to homophobia.

"No" to hatred.

"No" to violence.

Yet we are also a people who say "yes."

"Yes" to love.

And "yes" to life.

So as bad as it's all been and as bad as it's all getting—as bad as Reagan has been—as bad as Pat Robertson could be—as slow to move as this country has been in mobilizing to fight AIDS because AIDS has primarily attacked gay men, prostitutes, IV drug users and inner-city people of color and *nobody* cares about them . . . as bad as it is there is tremendous good.

I am a witness to that good tonight. To all of you gathered here, from my heart I say "thank you" for being here. Thank you for caring.

To all of you who fought for my civil rights on January 4th, I say thank you. To those of you arrested and beaten, I say a special thank you. You are heroes to me.

I am at the whim and mercy of many forces which control my life. My government can ignore me. My hospital can treat me as a mere statistic. My drug company can get rich off of me. The Commonwealth of Massachusetts can continue denying my basic civil rights, can arrest me, and can beat me up. The unseen AIDS virus in my bloodstream can kill me. Statistically it probably will. But none of these things can ever silence me. And that is why I am here tonight.

Our 29,000 brothers and sisters who've already died of AIDS cannot be silenced. The 650,000 in Washington cannot be silenced. The 600 arrested on the steps of the Supreme Court cannot be silenced. The hundreds at our State House here in Boston last month cannot be silenced. The fourteen arrested, who we celebrate here tonight, cannot be silenced.

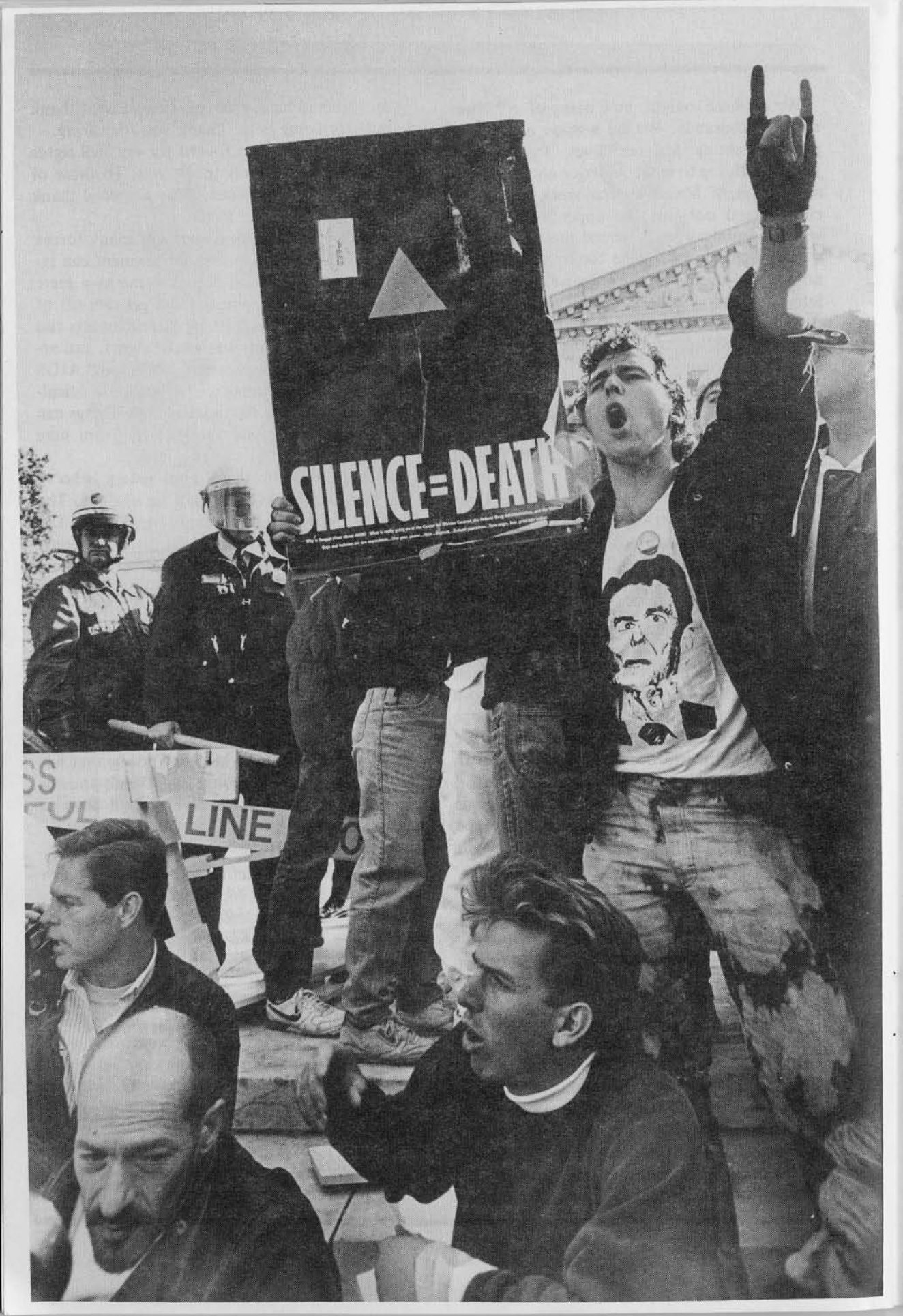
Quite simply: "For love and for life, we're not going back."

For love and for life we will *never* be silent!

Thank you all so much for affording me this honor of standing before you tonight. Thank you for allowing me a sense of power that has otherwise been taken from me. Thank you for listening, thank you for caring. God bless us all.

This speech was delivered at a rally held in Boston on February 18, the night before fourteen gay men and lesbians went to trial for disrupting the state Senate after the defeat of the gay rights bill.

Patrick Grace *lives in Provincetown, MA.*


SILENCE=DEATH
LINE

SOON TO BE A MADE–FOR–TV MOVIE:

Randy Shilts, And The Band Played On

Kevin Cathcart

Reading Randy Shilts' *And The Band Played On,* a historical dramatization of the AIDS epidemic, was for me a fundamentally frustrating undertaking. There are two very different stories being told here. The first, which largely works, is his history of this country's societal response to AIDS; the second, which misleads and sensationalizes, cutting into the impact of that history, is his misrepresentation of the gay community's response. My frustrations rise and fall with the book's inconsistencies, alternating between anger at political or medical institutions for their roles in the epidemic and anger at the author for his attacks on the gay community and his inability to sort out, or unwillingness to face, the homophobia that underlies the entire history of this epidemic. Despite the information that Shilts' book contains and the education it could provide for readers, these inconsistencies and the author's willingness to stay within the parameters of mainstream assumptions about gay people and about AIDS, seriously undermines its value. America desperately needs to come to terms with this epidemic if we are ever to be able to bring it under control; this book may start a lot of people on that process by getting them to think about AIDS but it will not help them to move very far along.

Marilyn Humphries photo

In 1988, as the U.S. caseload is well over 55,000 people and growing fast, there is an unreal sense reading a history of AIDS and watching the numbers grow from the five cases of *pneumocystis carinii* first reported in June, 1981, through 251 cases (of GRID — gay related immune deficiency, as it was then called) in February, 1982, 1,000 in February of 1983 and 2,094 that August. The numbers go on throughout the book — 4,000 in April of 1984, 7,000 that November, 9,000 in March of 1985 and 11,000 by June. I've only pulled out a few of them here, fighting a temptation to list every number as some sort of litany, as if by saying the numbers again and again people would realize what they mean and comprehend what is becoming ever more incomprehensible: the magnitude of illness and death that these numbers represent.

Shilts intends to create this frustration, weaving into his narrative stories of specific people's lives and deaths in an attempt to humanize the faceless numbers. The whole book interweaves these stories with those of politicians, researchers, and AIDS activists, skipping back and forth between San Francisco, New York, Washington, Paris, and Atlanta, and following the same people over the years. One hundred pages into it I felt like I was reading one of my favorite childhood novels and I started describing it to friends as the *Hawaii* of AIDS books. Still, several months later, I was stunned to read in an interview with Shilts that in preparation for the book he read "everything Michener wrote." There is a tension here between form and intent: I cannot read six hundred pages of conversations, death bed scenes, people's thoughts and dreams, and then accept the author's contention, in his notes at the end of the book, that "There has been no fictionalization." Shilts calls his book "a work of journalism," which places it, I suppose, mid way between historical novels and history. The problem here is that *Hawaii* didn't present itself as a true history of the islands and no one would have mistaken it for such. Shilts clearly intends this to be a history of the epidemic, yet the solid information gets confused with the reconstructed scenes. The feeling of fictionalization cuts the power of the parts which should clearly be read as fact.

Failure to Respond

What Shilts does best, and what this book should be read for, is to lay out a damning indictment of US society's and government's non-response to AIDS. He explores the medical institutions — the Centers for Disese Control, National Cancer Institute, and National Institutes of Health, which most people rarely see, and detals this superstructure of high level medical-scientific-epidemiological organizations which are supposed to deal with epidemic diseases. He traces the politics that kept them from functioning: pervasive homophobia, internal competition, and the fanatical budget cutting and callousness about human life of the Reagan administration. There was little in here that I did not already know about how the government ignored and mishandled AIDS, but I was enraged at each point in the book where it was further summed up. These sections make clear what I,

like so many people, have to distance myself from on a day to day level in order to keep from going mad: our lives are considered meaningless by our own society, and our deaths do not matter.

Those of us in the AIDS activist community are, by now, used to make comparisons between the government's lack of response to AIDS and its response to other diseases such as Legionaires. Shilts presents this comparison bluntly, showing again and again how AIDS was left to spread because it hit gay men first. He also details how the media ignored the epidemic, how the failure to report on it left people ignorant about the risks they could avoid and left the governmental agencies free to ignore AIDS.

AIDS and Tylenol

One of the most powerful sections in the book is the comparison between the response to AIDS and the response to poisoned Tylenol capsules found in the Chicago area and first reported on October 1, 1982.

> The *New York Times* wrote a story on the Tylenol scare everyday for the entire month of October and produced twenty-three more pieces in the two months after that. Four of the stories appeared on the front page. The poisoning received comparable coverage in the media across the country, inspiring an immense government effort . . . More than 100 state, federal and local agents worked the Illinois end of the case alone . . . The Food and Drug Administration had more than 1,100 employees testing 1.5 million similar capsules for evidence of poisoning . . . Within five weeks the U.S. Department of Health and Human Services issued new regulations on tamper-resistant packaging to avert repetition of such a tragedy.
>
> *Altogether, seven people died from the cyanide laced capsules* . . . [italics mine]
>
> By comparison 634 Americans had been stricken with AIDS by October 5, 1982. Of these, 260 were dead. There was no rush to spend money, mobilize public health officials, or issue regulations that might save lives.
>
> The institution that is supposed to be the public's watchdog, the news media, had gasped a collective yawn over the story of dead and dying homosexuals. In New York City, where half of the nation's AIDS cases resided, the *New York Times* had written only three stories about the epidemic in 1981 and three more stories in 1982. None made the front page. Indeed, one could have lived in New York, or in most of the United States for that matter, and not even have been aware from the daily newspapers that an epidemic was happening, even when government doctors themselves were predicting that the scourge would wipe out the lives of thousands.

Exquisite corpse by Esteban Frances, Remedios Lissarraga, Oscar Dominguez, Marcel Jean, 1935.

Anger and Loss: Personal and Political

I am enraged all over again when I read sections like this; when forced to face again the role that homophobia played in the way the epidemic was allowed to get out of control. My rage turns to bitterness when I see how slowly change has come. Rock Hudson and heterosexuals with AIDS led to mainstream press attention; gay men were — and are — not enough.

"Innocent victims" became the focus. Media and policy makers separated blood transfusion and hemophilia cases from those of the "non-innocent" gay men. Women who were infected through sexual contact with bisexual men or men who used i.v. drugs were, in the beginning, marginally "innocent" within this schema; that has shifted. The media's current focus is on babies who are born antibody positive; that their mothers, a high percentage of whom are black or Latina, are HIV positive is often not even mentioned in the stories and is clearly not considered important in itself. Women now move from "innocent" to "guilty" simply by bearing a child.

Shilts focuses on the mainstream and gay presses, but we should look also at the failure of the progressive community and the progressive press to deal with AIDS. *In These Times* editorialized last year in support of federal government HIV testing proposals. *Mother Jones* published a cover story on AIDS for the March on Washington, a long excerpt from Shilts' book. *Radical America* only began to cover the epidemic in 1987. Hundreds, and then thousands, of dead gay men did not matter here, either. As with the mainstream papers, it took tens of thousands dead (and the threat of heterosexual crossover?) to prompt action.

Reading and writing about *And The Band Played On* keeps breaking through the distancing mechanisms I use to live in a world that is devastated by sickness and death. I do not mean the larger world of American society, or even the world of the lesbian and gay community. In my case, it is a world almost entirely of gay men who, while dealing with AIDS politically and intellectually also deal with it practically and emotionally. We take care of those who are sick, dealing with the illness and deaths of friends, lovers, tricks, and colleagues, at the same time that we know how at risk we are. We know that with bad luck, we could be sick or dead in two weeks, two months, two years (because it now comes down to a question of good or bad luck for all of us who may well have been exposed to whatever combination of things it is that causes AIDS.) The emotional drain of living on the edge, always worrying about one's self, and lovers, friends and ex-lovers is staggering. Wondering, when making plans for the summer if I or the friends involved will all be healthy enough to carry them out, wondering who will be around—and who won't be—for my birthday, for holidays. Wondering, finally, what this book means to those who don't know it, don't feel it, at least not on that level. I can no longer put myself in their place, can no longer imagine. There are ways that I can no longer talk about AIDS with straight friends or even with many lesbian friends, people of immense good will, caring people with good politics and commitment, yet people who just do not understand what it means to be, and live at all times, with what we euphemistally call "high risk."

Shilts' Straightspeak

Shilts lays out the context of governmental, societal, and media non-response to AIDS which should set the stage for an understanding and explanation of the gay community's political response to the epidemic. It does not. Instead, the book is filled with constant references to "gay leaders," an unnamed, faceless bunch of people who the author criticizes constantly. "Gay leaders", by which Shilts seems to mean virtually all gay activists, cannot win in this book: they (we) are damned for everything they do and for everything they don't do, and they are damned, most inronically, for recognizing the politics of the epidemic, that is for refusing to ignore or deny that homophobia was shaping America's [non]-response to AIDS. This is the fundamental flaw of the book, the author's inability to accept that the gay community is justified in responding to homophobia and in saying that without dealing with homophobia we cannot deal with AIDS.

This is the classic liberal response to liberation movements, whether we are talking about race, women, or lesbians and gay men: of course discrimination is wrong, of course it is unacceptable, but please do not be so rude as to talk about it in front of us and ask us to take it — or you — seriously. This formula needs no changes to cover AIDS.

Shilts says again and again that the "gay leaders" and the gay community sidetracked society's response to AIDS, even as he describes how homophobia was the issue and how gay people created AIDS organizing. Because he is

openly gay and has been reporting on AIDS for the *San Francisco Chronicle* for years, he is given a great deal of unquestioned credibility in the mainstream world as a gay spokesperson, a gay man who isn't afraid to buck those "gay leaders" and tell straight people exactly what they want to hear about the gay community. He shows no real understanding of the complex ways in which our society's longstanding homophobia and its more recent AIDS phobia quickly coalesced to create an ever more frightening scenario for gay people, from the perspective of discrimination and civil rights violations. He denigrates the very real issues of AIDS discrimination by creating a concept he mockingly calls "AIDS speak", ways of talking about AIDS which, he claims, only "confuse" the issues. (One example is the demand from the national *People With AIDS* coalition, who prefer the designation PWA to "AIDS victims," with its connotations of powerlessness.) Shades of *1984,* only in Shilts' view it is the "gay leaders" to whom he ascribes this great power to redefine language.

Although it should not bear repeating here, AIDS is not and never was a "gay disease." People have sexual orientations, diseases do not. This is not to say, however, that diseases do not have social contexts. The context of AIDS in the United States is that it hit the gay male community first and hardest and that, as Shilts has described, the homphobia of the media, the government and the medical establishment enabled it to spread virtually unchecked. He does not examine, nor seem to take seriously, the details of that context, the backdrop of sodomy laws, lack of civil rights protection in employment and housing, immigration prohibitions, and custody problems that create a context in which gay lives are not taken seriously. This is the context in which thousands of gay men have to die before anyone outside the gay community bothers to notice.

Moreover, Shilts accepts the false dichotomy between civil rights and public health that has become a tenet of conservative and anti-gay AIDS efforts. "Some people might argue that there were civil liberties issues involved," says one of his favorite characters in an early discussion of the bathhouses, yet the author apparently never talked to anyone who could explain what those issues were. The same thing happens in the antibody testing debate later in the book: it is called a "classic confrontation between public health and civil liberties." Civil liberties issues are never explored, nor is the public health argument ever put to the test, it is merely asserted.

What gay and AIDS activists have argued for years is that civil rights protections are a necessary part of any public health program. Anti-gay and AIDS related discrimination interferes with public health measures: people will not come forward for education, testing, or in some cases medical treatment, if they fear that as a result they could lose their job or home, be deported or lose visitation rights with their children. Public health concerns are not furthered by dismissing or trivializing people's very real fears.

Heroes and Villains

The book is curiously and annoyingly ahistorical: people are held responsible, it seems, for not knowing several years ago what we came to learn later. Others are lauded for having been on, what came to be, or is in Shilts' mind, the "right side," regardless of whatever luck, intuition or impulse brought them there. The book is peppered with heroes and villains; nowhere is this clearer than in the discussion of the San Francisco bathhouse closings.

Discussion of the bathhouse closings could be an entire book in itself. It brings together the issues of sexual liberation, the growth of a gay community in San Francisco, the gay community's distrust of mainstream institutions, especially those connected to the state, the apolitical or anti-political nature of much of the gay community, and the staggering ignorance about AIDS that people were operating under throughout the early eighties.

The major political argument for keeping the baths open was that they were a place where education about AIDS could be done and that sexually active men who might not consider themselves a part of the community could be reached there. Others felt that attempts to close the baths were simply an attempt to restrict gay

male sexuality. The major argument for closure was to eliminate any public location where infection could be spread. This argument assumed the impossbility of behavioral changes within the baths. However, it is the ignorance of that time that must be underscored, for Shilts writes as if the questions raised were clear and undebatable.

Many, probably most, of the gay heroes in the book went to the baths at one time. But once people began discussing behavioral changes as a possible way to stop the spread of the infection, Shilts drew a line — anyone who disagreed and argued after that point is damned here. Yet Shilts has already laid out the lack of mainstream media coverage and has shown that the gay press was not, by and large, much better. He doesn't go into detail about specific gay papers, but vastly overrates their influence.

For example, after over a dozen positive references to coverage in the *New York Native,* he mentioned that its circulation was about 20,000 in late 1983. What does 20,000 papers mean in a country with at least 15 million gay men? Shilts also doesn't mention that the paper had a reputation for being crazy and divisive locally; those who did read it would have had a hard time simply accepting its coverage as true, especially when they got no reinforcement elsewhere. Shilts is inconsistent here as well. Though he likes the *Native* because it did some of the best early reporting on AIDS, he switches modes when the paper came out against bathhouse closings. The *Native* now is the leading proponent of the theory that HIV is not the cause of AIDS; I can imagine that in a sequel to this book people will again be divided into heroes and villains depending on whether they guessed correctly or incorrectly which theory is right.

The reality of the early 1980s was that we did not have the information on which to base what now seem to be clear and obvious decisions about behavior. Some of this was a failure of the government and of the mainstream press, some a failure of the gay community; the problem for the community is not only that the gay press, in general, did not cover AIDS well, but that we had not created a press that was widely read and respected, where information could be obtained.

Public Health and Civil Liberties: The Testing Debate

The bathhouses in San Francisco are closed now, but the debate about education, public health and civil rights continues to escalate, especially in regard to antibody testing. Testing is the other area where Shilts believes there is a public health-civil liberties dichotomy. The risks of civil rights violation around testing are both greater and clearer, the public health arguments are both weaker and potentially more damaging. Once test results are in someone's medical file or are circulated in a workplace or neighborhood the information is never secret again. These issues need to be better explored than they are in the book because we will continue to face hard decisions about testing in the coming years.

The book criticizes and discounts any discussion of the civil rights issues raised in the gay community when the HIV antibody test was developed, despite Shilts' documentation of the years of governmental inaction and unwillingness to create confidentiality protections in order to guard against AIDS-related discrimination. The discrimination that gay activists were concerned about does not fall only on those who have been diagnosed with AIDS or ARC, but also affects those who are antibody postive, those who have a record of having simply taken the test, and those who are, or are presumed to be, in high risk groups for AIDS. And by the time of the testing debate, such discrimination was not theoretical; there was already plenty of evidence showing that AIDS-related discrimination was common and on the rise.

The question of how to use the test is inextricably tied to the question of what the test reveals. It is easy to say, as is said in the book, that testing will stop the spread of infection; asserting this as a conclusion doesn't make it true. Nor does questioning that assertion mean, as Shilts believes it does, that control of the infection was "low on the list of gay concerns." No group experienced more intensively than the gay community what the epidemic meant; no group saw it as a higher concern.

In fact, Shilts describes areas where his "gay leaders" felt the test would be mis-used — in

surance, the military, employment — and all of these scenarios have come to pass. The antibody test is now used to keep people out of the military, the Job Corps and the Foreign Service, and some states require antibody testing in order to get marriage licenses. Test results are pressed for in criminal trials, custody and divorce hearings, and in medical care settings where they may be the basis for decisions about whether or not or what kind of care will be provided. None of this is hysterical fantasy. It is real now, and was predictable three years ago when the test was first licensed.

Shilts comes back, periodically, to the notion of quarantine, using the concept to show, in his view, how foolish and "hysterical" gay activists were to think such a thing was possible. Yet the question remains open and is a topic for discussion by conservative and not so conservative politicians, including presidential candidates. Since the test was licensed we have seen a call on the op-ed page of the *New York Times* for tattooing all who are antibody positive, and we have seen quarantine proposals introduced in state legislatures. Civil rights concerns about the use of the test were not, and are not, overstated.

The HIV antibody test was developed and licensed to keep the blood bank system from unknowingly transfusing blood containing the HIV virus. For this purpose, and in combination with donor deferral requirements for at-risk people, the test works well. The risk of transfusion-related exposure has dropped dramatically in the US since testing blood donations went into effect.

This does not mean, however, as, many people wish to believe it does, that the test can thus be useful in a wide variety of settings. American society is looking for an easy answer, an easy way out of this epidemic — one that separates "good" people from "bad" people, one that allows us to avoid talking about sex, to avoid dealing with drug treatment programs which are needed on a massive scale, to avoid dealing with the causes of widespread i.v. drug usage, to avoid making changes in sexual practices. Our faith in science, which is often overblown, and our reticence about sex, which cannnot be overstated, join to make testing look like the perfect answer.

The False Promise of Testing

Unfortunately, it does not, cannot, and will not work. What the test tells us, when it reports that a person is antibody positive, is that s/he was exposed at some point to the HIV virus; in reaction to the virus the body created the antibodies that the test measures. Although often referred to as an "AIDS" test, it is not a test for AIDS. A positive test result does not mean that a person has AIDS, nor that they will necessarily develop any AIDS-related disease. The best knowledge we have right now is that as many as half of those infected will become ill within seven years of infection. While this is a significant number, *it does not support the "positive HIV test equals immediate death from AIDS" myth* that is the theme of most media coverage and is a major basis of AIDS phobia and discrimination.

The meaning of a negative test result is even less clear because it takes the body at least six weeks, and perhaps even as long as a year, to develop antibodies after exposure. This means that a negative test result gives us a pretty good idea of a person's actual exposure six months earlier. If they have been exposed in those intervening six months, however, and the body has yet to produce measurable amounts of antibodies, they can still be capable of transmitting the virus. Positive test results in our world give a false sense of doom; negative test results give an even more dangerous sense of safety, from a public health and infection control as well as individual health perspective. Even a true negative result is no protection against future exposure; what it always comes down to is that tests cannot protect anyone from HIV or AIDS, only behavioral changes can.

The book passes over the problem of false positive and false negative results by treating them like good news. Error rates have varied widely over the years, depending on which commercial brand of the test is being used and what laboratory is doing the testing. Shilts uses figures showing that the test detects 19 out of 20 people who actually are infected and only gives a false positive reading to 1 case in 100, saying "Such statistics give the test a reliability far beyond comparable assays used for other diseases and converted doubters to the test's medical usefulness."

But what do these results mean if testing is used widely, such as in routine marriage license screening or for employment purposes? If you test 1,000 people who are negative, 50 of them will be told they are positive. Test 1,000 people who are positive, and 10 of them will be told they are negative. Testing for marriage licenses, employment, or hospital admission purposes would involve tens of millions of people per year. What does this mean for public health? That there will be sizeable numbers of people being told not to worry, that they are not a risk to others, when in fact they are antibody positive, and that there will be others who are wrongly being told that they are positive. People will face discrimination based on these test results, and will make decisions about behavior based on mistaken information.

No Replacement for Education

The book misses a critical point: testing for HIV is not the same thing as education about AIDS. Shilts accepts the argument, disputed by several studies,[1] that knowledge of a positive antibody status is important in getting people to change their behavior. What he misses is the dangerously illogical corollary that goes with this: if you tell people to take the test because if they are positive they will have to change their behavior, then you are also telling them that if they are negative the rules are different, the changes are not necessary. This is a dangerous lie. It serves the purposes of much of public health policy, which is more focused on identifying the "guilty" and blaming the victim than it is on protecting the lives of gay men, i.v. drug users, or women. It does not protect public health, however. Everyone who is not taking appropriate precautions around sexual practice and needle use is putting themselves at risk. Education about high risk behavior has to be aimed at everyone, regardless of antibody status; funding must be spent on education and on programs aimed at helping people make behavioral changes, not wasted on testing programs (and let's not pretend that changes around sex and drugs come easily). Anti-gay and AIDS-related discrimination keep people from coming forward for the information they need and sometimes for necessary medical treatments.

These have been the arguments of gay and

Personal belongings of a gay man with AIDS thrown out on the street - New York City, June, 1987. Simon Watney photo.

AIDS activists from the beginning, and these are the issues which must be addressed. Instead, what we get from government is money for testing programs but not for education, a Surgeon General who is good on AIDS but has limited power and a Secretary of Education who is a fool but who seems to have more power in setting federal AIDS policy, a governor/presidential candidate in Massachusetts who is upset that the AIDS Action Committee publishes "sexually explicit" pamphlets telling gay men about risks and changes, and a US Senate that stampedes over itself to vote for the Helms amendment to prohibit the use of federal money for gay safe sex educational efforts.

New Reasons To Test?

Because we are approaching a point where treatments will be available for those who are antibody positive, treatments aimed at preventing or slowing a progression to disease, the testing debates will soon become far more complicated than they have been and civil rights questions will become more and more crucial. The existence of treatments will change the entire calculus of decision-making for individuals with any history of risk behavior, but we must

be wary of how this plays out. For three years now I have heard arguments that gay men should go out and get themselves tested because "someday we'll have a cure and they'll need to know if they should take it." And for three years I've said that when treatments become available there will be time enough for testing. As the pressure towards testing increases, questions of what treatments are actually available and who they are available to become more and more critical.

Experimental drug treatments are often very expensive and not covered by many people's health insurance. Drug testing protocols can be very restrictive and many of those in need of treatment will not qualify. Most protocols right now, for example, are aimed at gay men. Women and i.v. drug users find treatments unavailable. Even if these questions are resolved, no treatment, no matter what is developed, will relieve the need for intensive, ongoing education. We can never stop educating and reinforcing that education; we can never forget that every day there are people just coming out, just becoming sexually active, just facing decisions about i.v. drug use, and they all need information in order to protect themselves from infection. This battle must be waged from two directions: treatments for those who are already infected or ill, and education to prevent further spread. Neither is more important than the other, they have to be combined. But seven years into the epidemic the straight and gay presses are stll doing a pretty poor job of providing people with information for informed decision-making about risks, behavior, testing or treatment.

Patient Zero: Made For T.V.

No discussion of *And The Band Played On* would be complete without reference to Gaetan Dugas, the man Shilts has immortalized as "Patient Zero." Shilts' treatment of Dugas is the stuff that psycho-history is made of; much of it is beyond my reach to explore. The book fixates on Dugas as the ultimate evil homosexual, guilty of being too handsome, too narcissistic, of being a foreigner, of having too much sex, of having AIDS, of refusing to stop having sex—even though in all of the fictionalized conversations that appear in the book (the author never *actually* talked to him), no one ever seems to talk to him about safer sex and none of the people he has sex with are ever held responsible for their role in any unsafe sex. According to Shilts, Dugas is guilty of fucking people and causing them to die, guilty of bringing AIDS to North America and then spreading it around, as if it somehow would not have happened without him. Dugas is the character who, if he did not exist, Shilts would have had to invent, because without him it would not have been possible to hit so neatly on every possible negative cultural sub-text about homosexuality. The more of these you hit the better your chances of good reviews in the straight press, of talk show interviews and magazine excerpts, and of made-for-t.v.-movies, the stuff best-seller sales are made of.

It is the pervasive homophobia that ultimately ruins this book.

> It was a truism to people active in the gay movement that the greatest impediments to homosexuals' progress often were not heterosexual bigots but closeted homosexuals. Among the nation's decision makers the homophobes largely had been silenced by the prevailing morality that viewed expressions of overt hostility toward gays as unfashionable. In fact, when not burdened by private sexual insecurities, many heterosexuals could be enlisted to support gays on the basis of personal integrity. By definition, the homosexual in the closet had surrendered his integrity.

This is dated January, 1984. Shilts defines closeted gay people the way he defines his "gay leaders," as major enemies of the gay movement. January 1984. Three years into Reagan's second term, three years of almost complete inaction on the AIDS epidemic, and Shilts says that the fear of being "unfashionable" silenced homophobia among the nation's heterosexual decision-makers, that gay people are the problem, and that heterosexuals would support us based on personal integrity. Once against straight people are off the hook, once again bad gay people are to blame. Once again, Shilts will sell books, but once again he's got it all wrong.

Kevin Cathcart *is a civil rights attorney. He is Executive Director of Boston's Gay and Lesbian Advocates and Defenders (GLAD) where he also coordinates the AIDS Law Project.*

DEATH AND THE EROTIC IMAGINATION

MICHAEL BRONSKI

Now I want you to do something for me. Take me out to Cyprus Hill in my car. And we will hear the dead people talk. They do talk there. They chatter together like birds on Cyprus Hill. But what they say is one word. And that word is "live." They say, "live, live, live, live, live!" It's what they've learned there. It's the only advice they can give. "Just live. . . .Simple!—A very simple instruction.

Tennessee Williams, *Orpheus Descending*

Sex and death are the two most taboo topics in American culture. Few resources or encouragements exist to deal with either in honest or helpful ways. Yet while both are covered in secrecy or denial, sex and death are relegated to distinctly different social positions. Sex, once unmentionable, is now the basis for endless consumer products and marketing devices. Death, on the other hand, is shunted to the bottom of the agenda; avoided until it can be avoided no more. It is the dirty little secret that calls up euphemisms and embarrassed looks. Death doesn't sell anything, or make us feel better, or even bring up all those "good" guilt feelings that add the zest to sex. Death is always something that happens to other people. We have even invented the categories of "natural" and "unnatural" death not so much to classify the types of death but to explain it to ourselves; to draw lines as to why it will not happen to us. On some level everyone knows that death is inevitable, but few people are eager, or equipped, to deal with the fact.

The gay and lesbian liberation movement is very young. Women and men who were thirty during the Stonewall Riots (and many were much younger) are just now over forty-five. It is no surprise then that gay men are having trouble dealing with the huge number of AIDS deaths. The young are never prepared to begin dealing with death—and certainly not the

Many thanks to Cindy Patton & Charley Shively for talking through many of the ideas in this article.

from Fag Rag, *reprinted in* motive *magazine, vol. xxxii, no. 2*

amount of death that has struck the gay male community over the past few years. As of the beginning of 1988 there have been 28,000 deaths due to AIDS in the US—approximately 19,000 of those have been gay men.

There is a spectre haunting gay life. . . .

Death in this culture has been treated as a personal matter, a family matter. The biological unit pulls closer together, protected by their community, most often centered around a church, and finds ways to deal with the loss. Gay men have also done this. Often these gay extended families are stronger, tighter, than nuclear families because they are chosen and built upon mutual support and respect. But these choices and supports do not come easily. In a world that hates homosexuals these are momentous acts whose strength is seen in their resilience to the myriad pressures against them.

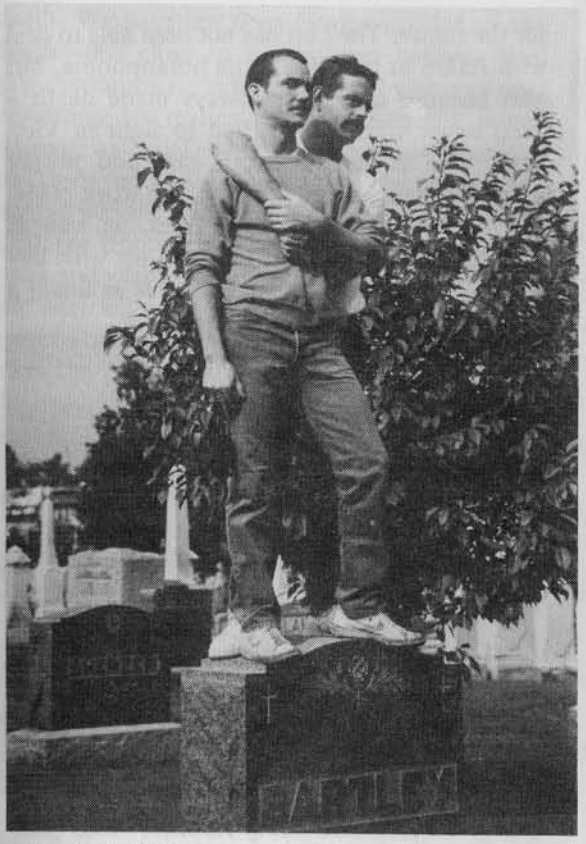
There is very little—and in some cases *no*—legal or psychological support from outside the gay community to help deal with those issues. There are no secure legal rights for homosexual lovers, many times no visiting rights for gay friends. By defining "gay" as purely a sexual activity, and a wrong and sinful one at that, the heterosexual world has not allowed itself to see any social, familial or nurturing aspects of the gay community dealing with death. This should not come as any surprise—nor does it for a gay person—since there is no basic respect for the gay world in which the person with AIDS has lived his life.

It is impossible to be a gay male today and not think of AIDS all the time. Not only are you faced with AIDS every time you read a paper, watch TV, or pick up a magazine—it is there over the morning coffee and just before you go to bed at night—but AIDS is on your mind every time the telephone rings, every time a letter from a slightly distant friend arrives. In Boston, a city not very hard hit by the epidemic, I know of thirty men who have died or been diagnosed. People who live in New York or San Francisco may know as many as forty-five or sixty men who have died or who have AIDS.

The Disappeared

Because the gay male community is large and loosely knit—made up of groups of friends as well as large socializing networks or bars and baths—a great many people know one another casually or just by sight. It has become commonplace over the last five years to presume that a bar regular may be dying or dead if he is absent for a while. The friendship networks are informal enough that one might not know who to ask about a missing man. Often the news of a friend's diagnosis is simply too hard to talk about in the bars or baths the man used to frequent. Sometimes life feels like living under a fascist regime as people just disappear without a word.

Since Stonewall, the gay and lesbian community has established a complex and varied network of newspapers and magazines. But the gay press has not done all that well in helping the community deal with this deluge of death. News coverage of the epidemic has been erratic. While the *New York Native* has gone all out in their medical coverage too often it is presented in an alarmist, non-informative manner, not very useful for readers who are dealing with their own personal hysterias. On the other hand, *Gay Community News*, which has done some good work about public policy issues, rarely covers medical news. On the more personal level both papers print obits of somewhat prominent people—those who may have been known by some segments of the gay community. While this personalizes the effect of AIDS in a tangible manner, it also isolates and diminishes the number of cases. These types of obituaries also imply, however unintentionally, that some cases are sadder because the men were well known, or because they made some contribution to the gay community while they were alive. This is a comfort to many readers who feel that these few isolated cases—not even the tip of the iceberg—portend no warning to their own lives. The most extreme case is, of course, Rock Hudson, who while he never came out, even on his death bed, still garnered publicity and sympathy simply for being famous.



Ellen Shub, 1987.

Obits: The Lies Between the Lines

Other papers, like the *Bay Area Reporter* in San Francisco run anywhere from ten to twenty obituaries every week of regular, everyday gay men who have died of AIDS. This is a chilling sight, a regular *momento mori*, especially since many people first see the paper in bars and other gay establishments where it is given away. Reading *BAR* is like walking through a graveyard, or viewing the Vietnam Veterans' Memorial Wall—the only difference is that you knew these people and may have seen them only a week ago. The ultimate effect is to bring the war home; there is no way for a gay man to look at those pages of postage-sized, black-framed portraits and not have some presentiment that this could have been him. And might be in several months time.

Of course the straight press is still worse. The *New York Times* will infrequently acknowledge an AIDS-related death as such, usually dependent upon the family, or friends, of the deceased not trying to suppress the fact. Or, in a homophobic reversal of this, the media uses AIDS as one more attack upon the dead person, as the *Times* did in the obit of Roy Cohen. But even when AIDS isn't mentioned, figuring out who is gay and who died of the syndrome is easy: he was thirty-six, a church organist and died after a short illness, leaving parents and a brother in Connecticut; he was forty-two, a respected clothing designer, died after a long illness, leaving a mother and two sisters in Ohio. But these are just the more prominent; the semi-famous by the *New York Times* standards. There is no mention of the thirty-seven year old underwriter for an insurance company who died after being hospitalized for eight months, leaving no family because they have not spoken to him since he moved from upstate New York eighteen years ago after telling them he was gay. Nor was AIDS cited in the extensive obituaries of a Boston Latino community leader who died of respiratory complications at the age of thirty-five last spring. Every time one of these obituaries appears not only AIDS is rendered invisible, but also the existence of all gay people.

A startling sense of *deja vu* occurs for gay men and lesbians when they read each of these obituaries. It is not unlike twenty years ago when you read gossip columns and newspaper items to see who was married and who was not, to discover who might be gay and who might (with good reason) be hiding their sexuality. You read these things in an attempt to get a sense of community, to find others who were like you, to feel not so invisible and alone. The social embarrassment and denial of gay sexuality in the 1950s and 1960s is being re-enacted now in both the gay and straight worlds with the embarrassment and denial of death and AIDS.

Death and the Territory—
Movements and Martyrs

The gay community's dealing with death did not begin with AIDS. Before the advent of AIDS the deaths of young gay men I knew were from queer-bashing. Gay men and lesbians knew that the risks of transgressing heterosex-

ual limits could be dangerous. In both rural and urban areas, even the most sophisticated, open cities, a gay man or lesbian can be spotted as a homosexual and queer-bashed. And not just beaten but murdered. In the summer of 1986 there were six known gay murders and countless queer-bashings in Boston alone. (And remember not even the most flagrant heterosexuals are beaten just because they are heterosexuals). For many the connections between death and being gay are very clear. If you were "obvious," if you were "known," if you were seen leaving a gay bar you could be beaten and killed. Death, as it were, came with the territory.

But in some way this ever-present death was, while hard to deal with, clear in its origins. Death was one more form of oppression that occurred beause of homophobia—or in less euphemistic terms—because people hated queers. These deaths were part of the social reality that spawned the gay and lesbian liberation movement. Lesbians and gay men learned to deal with these deaths by taking their cues from other, more established social activist movement. On the one hand the dead were seen as martyrs to the "cause." This is clear in the case of Charlie Howard—an effeminate gay man who was murdered by street thugs in Bangor, Maine: there are yearly memorials to him and both legal reform and educational organizing are done in his name. This is not all that different than leftists and labor organizers using the names and images of Joe Hill, Frank Little and Wesley Everest as well as the victims of the Triangle Shirtwaist Factory fire and those killed in the Ludlow massacre and the Haymarket riot hangings. The two most famous quotes about it in activist folklore are Joe Hill's "Don't mourn, organize" and Mother Jones' "Pray for the dead, but fight like hell for the living." Although the latter makes a nod at acknowledging the dead, both place the emphasis on more immediate political action. These were clearly a response to a cultural inclination to sentimentality (based, in part, on a strain of Christianity) which attempted to secure the *status quo* by keeping people's minds off the present, by keeping them on the past. In the real world, the material world, tending to the after effects, the psychological aftershock of death came second to organizing and preparing for the future. The Left has not been able to deal with AIDS in part due to its homophobia, but also because they have always made death a class issue: who was drafted to fight in Vietnam, who is denied health care and proper social services, who is at risk in the work place. But AIDS cuts across class lines, as well as political lines (it is hard to come up with any sympathy for Roy Cohen, yet he is as much a victim of AIDS as anyone else).

Quilt for Carl Wittman, part of The AIDS Names Quilt. Courtesy of Michael Bronski.

Sex and the Politics of Death

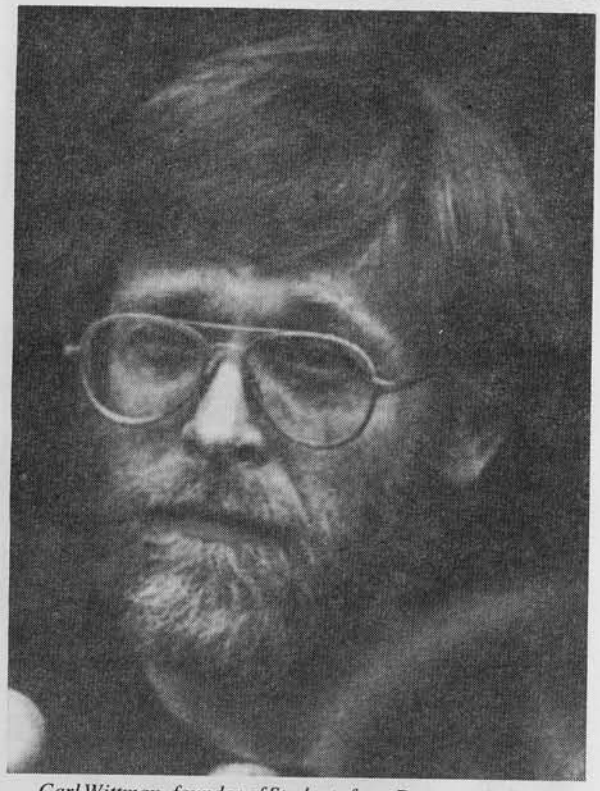
Since AIDS has become recognized as a problem affecting gay men the community has done an amazing job of mobilization. There are health crisis centers, AIDS Action Committees, support systems and direct service groups all over the country. Such organizing has been set up almost entirely by gay men, and to a lesser degree lesbians, with very little help—until recently—from the heterosexual world. To see what gay men have done in such a short period of time is staggering. But what has been done is in the tradition of most of the work in the gay movement—a direct response to an oppressive situation. Gay men were literally dying in the streets and they were taken in. Gay men were being evicted from their homes, fired from their jobs, denied basic health rights: all of these problems were faced head on.

But the gay movement has only begun to deal with the psychological response to AIDS and to

death. We have not been faced with this much death—this close to home—ever before. The gay community, both men and women, are beginning to realize that there is no more business as usual. The more profound, lasting and deep repercussions of AIDS are just beginning to be felt. They will not become really evident for another few years and will last for years and years after that. Every day that we do not deal with our feelings and reality we will have to do so threefold in the future. In many ways the gay community has followed two of the most traditional responses to death: terror and pity. You can see these enacted in gay men's lives and in any number of popular books or magazines.

The first is the phobic response. A reaction to fear and terror. Some gay men have avoided sex, avoided bars, avoided dealing with their basic sexual identity. Equating gay life with AIDS, and hence with death, they have turned their backs on it. They are filled with fear and loathing for their past lives and their current sexual desires. Not a surprising reaction, since this is the lesson that every homosexual has been taught since birth. Sometimes it takes very extreme forms such as deciding to be heterosexual and to marry, removing one's self from the gay world completely. Other times a more moderate form of denial occurs such as joining Sex Addicts Anonymous in an attempt to get their "dangerous behavior" under control. But what is even more common is a self-conscious self removal from the active gay world: stop going out to bars, cut down on the amount of energy you might have to put into socializing, sometimes even avoiding the gay press because it is "too depressing." All of these reactions are understandable. AIDS *is* too difficult to think about. But each of these responses is not only an avoidance of AIDS—it is also a denial and a whittling away at the gay community; a slow process that—unless we can find a way to combat it—may have a lasting, disastrous effect on the community itself.

The second traditional response—pity—is seen as sentimentality. You see this attitude in all those articles in major magazines about people with AIDS: it is such a shame they are dying because they had such great careers, such wonderful lives, such beautiful apartments,

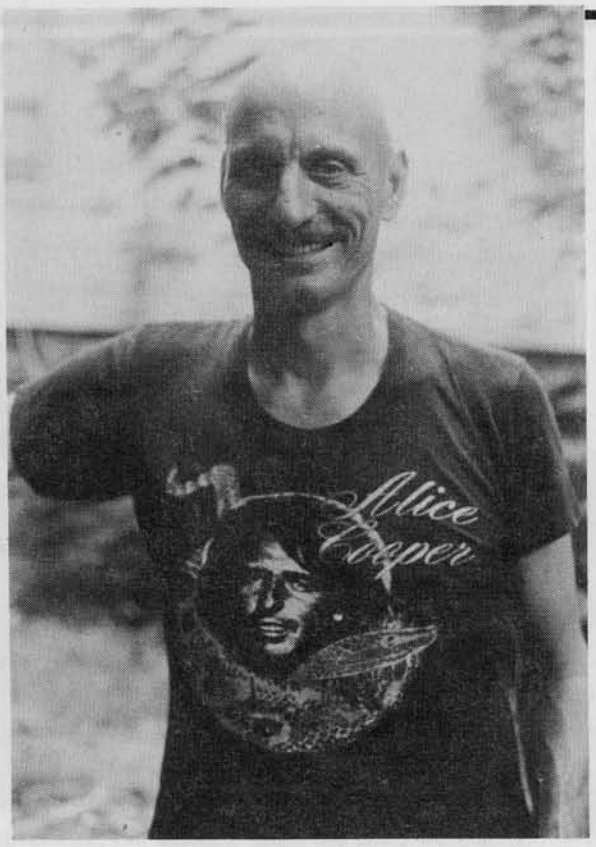


Carl Wittman, founder of Students for a Democratic Society

such well developed bodies. There is nothing facetious here. Almost every piece that appeared in pre-1987 *Life, Time, Look* and *Newsweek* was certain to mention the tasteful, well-decorated apartments. Compare these articles to the news and features on people of color and AIDS and how their tenement, slum surroundings are the perfect accompaniment—not ironic juxtaposition—to their disease.

Many gay men had a positive response to these pieces, and looking for the sympathy vote is an easy trap for gay men to fall into because it seems to address oppression: "you may have hated us but now since we are dying you have to like us." Such thinking, of course, is false consciousness because people who hate queers are probably *glad* we are dying—and will take the opportunity to blame us for "spreading" it to the straights. Such thinking adds to the notion that AIDS is a gay disease and reinforces the idea that it is a metaphor for gay life itself.

This whole tradition fits neatly into an old, ingrained, Western cultural tradition, the *Camille* syndrome: the romance of the outlaw, the misunderstood one who may die, but who



Jim Gleason. Courtesy of Michael Bronski.

dies beautifully and with a great deal of pathos and sentiment. Here is the ultimate incurable romantic.

Anyone who has seen a person die of AIDS knows that this disease is not romantic. There are tubes and respirators, open sores and lesions, inflated and cooled mattresses to keep the fevers down to a manageable 103 degrees, balding due to chemotherapy, infections that coat the mouth and make it impossible to eat. Men who were once 200 pounds lie in bed reduced to 110-pound skeletons. Faces once brimming with life and lust are reduced to courageous death masks animated only with the desire to live.

Because of AIDS the gay community is now going to have to begin dealing with death in a manner that speaks to both the mind and the spirit: to social actions and emotions. The effects of AIDS are going to be measured not only in the number of deaths but also in the psychological and emotional ravages on the community; in the feelings of rage, impotence, unresolved emotions and outright terror visited on gay men. The questions raised by this reality range from the obvious "how do you deal with this amount of personal, communal and political loss?" to the more pressing, and for many more paramount, "how do you have sex when everyone around you is dying?"

The first step in this is to bring death out into the open. Not to avoid talking about it and hiding it as though death was a dirty little secret. There is nothing romantic, nothing sentimental—not even anything *more* frightening—about dying of AIDS. It is not, as Susan Sontag might point out, a metaphor for anything. It is like all death: a painful, hard end to the painful and sometimes hard act of living.

The Politics and Death of Sex

Between sex and death gay people have dealt very well with sexual pleasure. We have liberated sex from the confines of the state and religion, from the proscriptions of gender and have legitimized unadulterated sexual pleasure—purely creative, not pro-creative—as an end unto itself. It is a message that has been heeded by the rest of the world as well. As gay people, we have to learn to deal with death in the way that we have learned to deal with sex. To see it for what it is and to view it realistically. And along with this we have to try to understand its effect on us, and to acknowledge the place of grief and mourning in our lives.

Up until now the gay movement has learned—partly from the Left and partly from our own organizing—to radicalize death: to use death as an impetus for social change. The deaths of Joe Hill, Charlie Howard and all of the men with AIDS have been an incentive to

Quilt for Jim Gleason, part of The AIDS Project Quilt. Courtesy of Michael Bronski.

move forward and to change society. What we are faced with doing now—in the wake of so much death, so much inconsolation—is to politicize death; to bring into our whole lives and to understand all of its implications for us, both social and personal, to make death part of a seamless web of existence; neither avoided or sentimentalized.

Conversely, we have learned to politicize sex, to bring sexual desire into our full lives and to meld the personal and the political together. From the second wave of feminism (as well as from gay male writers from Oscar Wilde to Tennessee Williams) we have learned to see the connections between sex and politics. There is a strong link—a physical one if you believe in the usually acknowledged routes of HIV transmission—between sex and death. We have to face that connection. If we are to face it without fear, we must radicalize sex as we did death. Sift through the cultural mythologies and trappings we attach to sexuality, and try to reimagine it. Education around AIDS will help create this vision, but we also have to look in ourselves and understand what sex means to us—and what we have allowed it to mean in this homophobic culture.

One of the main differences between AIDS organizing and other political organizing is that many of the people who are doing the ground work are at high risk—some at very high risk—for the disease. There is no need—as they used to say—to bring the war home: it is here already. It is here in the number of AIDS deaths, in the untold (and continually uncounted) numbers of suicides, and in the emotional deaths many gay men are suffering.

The gay movement can learn to deal with death in the same way it has learned to deal with sex: not as a means to an end, as a metaphor, but as a physical experience, a material, not a moral reality. There is no inherent mystery surrounding sex and death—those myths are purely social inventions to control behavior and make us conform to certain mores and standards. Sex and death are part of life and the metaphors, the allegories, the fears and the fallacies that have been built up around them were invented to keep us from enjoying life and facing death without fear.

The Bible tells us that the wages of sin are death. But the reality is that everyone dies regardless of sin. Our traditions tell us that death is payment for transgressions. As long as we believe somewhere that sex leads to death it will be impossible to view AIDS without moralizing and mystifying it.

In the past year there have been some moves to deal with the grief, the loss, the incalcuable hurt that AIDS has caused the gay community. The Names Project Quilt—which is now travelling around the country—seems to be not only a concrete memorial but a way for all of us to acknowledge and deal with our own pain as well as a call to action.

No one except, perhaps, those who choose suicide wants to die and certainly no one wants to die of AIDS. We as gay people must learn to face the reality of death with the same energy and imagination we have put into claiming and enjoying our sexual desires and experiences. When we do not deal with death it will continue to cause us more stress, more hurt and more self-doubt. It will be used as another weapon against us—used to deny us ourselves. When death—like sex—remains taboo, clouded behind moralism, abstractions, sentimentality, fear and inadequate notions of politics, we will not be able to claim it as another aspect of our openly gay lives.

Michael Bronski *has been active in gay politics for almost twenty years. He is the author of* Culture Clash: The Making of Gay Sensibility *(South End Press, 1984). He has written for* Gay Community News, The Boston Globe, Fag Rag, The Boston Herald, The Advocate, *and* The Boston Phoenix.

NIGHT VISIONS:
A Lesbian/Gay Politics for the Present

Margaret Cerullo

The following is a speech delivered at a gay and lesbian "town meeting" on Sex and Politics *sponsored by the National Gay and Lesbian Task Force (NGLTF), and held in Washington, DC October 10, 1987. The town meeting was part of the week of events surrounding the National Lesbian and Gay march on Washington in October. The immediate impetus for the March was the Supreme Court's decision on June 30, 1986, upholding an ancient Georgia sodomy statute, that gay love between adults is not protected by the constitution, and that the arrest of gay man Michael Hardwick in his bedroom was therefore legal (*Bowers v. Hardwick*). Thus, the Supreme Court was chosen for the site of a mass civil disobedience action on Monday, October 13 in which over 800 lesbians and gay men, including Michael Hardwick, were arrested.*

The town meeting was called to open a debate about strategies for the lesbian/gay movement in the face of such repressive measures as the Hardwick *decision, specifically to address the role of public discussions of sexuality within gay/lesbian politics. The NGLTF itself for example calls its campaign against* Hardwick, *and sodomy laws across the country, the "privacy project," suggesting a rhetorical strategy of trying to neutralize lesbian/gay sexuality, avoiding a focus on what makes us different, what draws attention to us, gets us attacked in the*

Face-off at the Supreme Court during the Civil Disobedience action as part of the Gay and Lesbian March on Washington. Marilyn Humphries photo.

Congress and beaten up on the streets. Instead, the strategy is to define the issue at stake as the violation of civil liberties, a danger to everyone. Yet, organizers have felt constrained by such a formulation. In addressing city councils, legislatures, etc., the conservative anti-gay mobilizations put vivid and lurid depictions of gay sexuality and depraved lifestyles at the center of their attacks, along with a defense of marriages as the path to happiness, while gay activists were poised to respond only in terms of their right to privacy. This left definitions of gay sexuality and of the issues of how we live and who we love in the hands of the repressive, anti-gay forces. The speech that follows was a challenge to the civil liberties strategy that has dominated much of gay politics in the post-Stonewall era.

I want to start by underlining the meaning of a weekend like this, this explosion of politics, this moment of rapture, and to emphasize why moments like this are crucial to us, both to our growth as a movement and to our individual lives, how transformative times like these can be. A weekend like this where we leave the dominant culture behind reveals our secret longings, it reveals them even to us. It reveals our alienation, our yearning for what never was: a moment in which gay people are not only accepted or tolerated, but normative, in which we are the definers of the streets and the bedrooms, where our lives aren't so separate, split into day life and night life, where night visions emerge on the daytime streets. These moments of release reveal to us at the same time the power of the dominant culture that we've left behind, the repressions and self-denials we live with every day.

What's important about this March is how far it has reached, how many people have come from so many different places, many acting politically for the first time, all of us acting with increased urgency to create here in Washington this weekend a confrontation with the law, with public consciousness, with public morality. What *Hartwick* said to was that our sexuality makes us criminals and outlaws, that alone in our bedrooms we have no rights, we have no freedoms. It said to us that every night we engage alone in acts of civil disobedience and we decided it was time to take that show on the road!

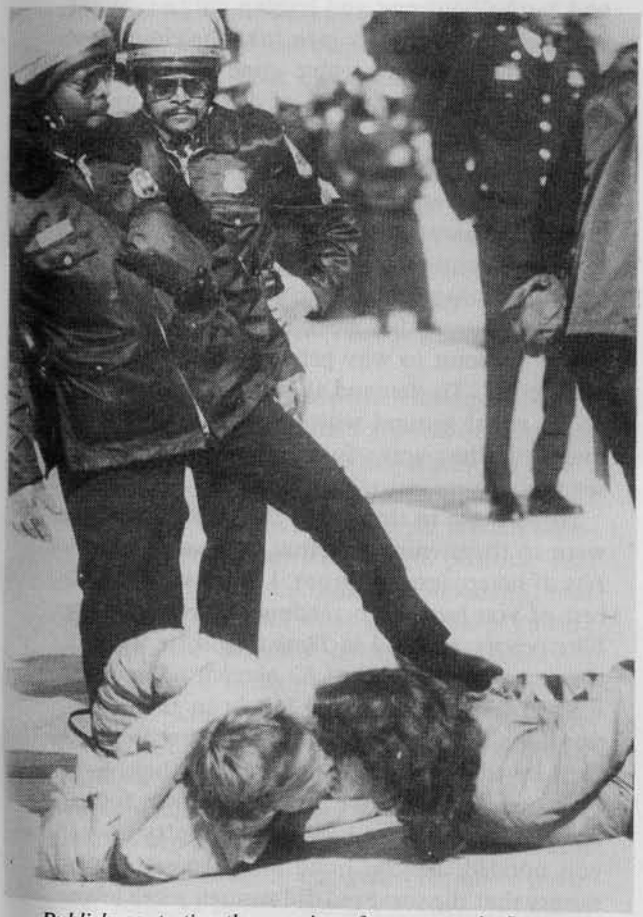
Against the public denigration of who we are, we're here today and this weekend to create the contexts that nourish gay identity, so that we can go back to our communities with a transformed understanding of what we want and what we need. So much of our lives these days is constrained by what we think we can get. There's so little space to identify what we want. So what we must take back from this weekend is a memory of what we want, and the beginning of thinking together about what kind of political movement we must build so that we can get what we want.

We must begin that process of building and sustaining a movement, I believe, with an analysis of the current balance of power, i.e., of where we have come as a movement, where exactly we are now, what is the nature of the power we're up against, including in ourselves, and how we are going to demand and create a different future.

The key argument that I want to make to you today is that our current situation is defined by a *public* confrontation, a *public* battle over the definition of gay identity, over the meaning of being gay. *Hardwick* threw down the gauntlet. It represents a powerful effort to seize control of the meaning of gayness. But the second point, I want to make is that *Hardwick* only exists because a gay movement preceded it. It is eighteen years since Stonewall, eighteen years in which we've built a lesbian and gay movement, in which we've come out of the closets and into the streets, in which we have proclaimed to the world who we are and how we live and love, in which we have claimed publicly a gay identity, a gay sensibility, a gay aesthetic and defined a new morality. In claiming our right to freedom, we claimed the freedom to love passionately.

The *Hardwick* decision can only be understood as a response to this movement, as a backlash. There are old laws against sodomy that have been on the books forever. Despite the fact that *Hardwick* is couched in the language of tradition, what *Hardwick* represents is an effort to modernize those laws. It says not that sodomy—an act—is illegal, but

something else is illegal—*homosexual* sodomy, a set of acts tied to an identity. *Hardwick* only makes sense as a response to our proud and public claiming of gay identity. What *Hardwick* is against is that we claimed that power, the power to define what it means to be gay, and they want it back. Mainstream culture always invokes tradition to cover the fact that it's confronting something entirely new. Underneath every repression is a recognition that power is shifting. The current effort, then, I believe, the repression that is directed against us, is an effort to turn back that positive and affirming definition of gayness. They are incapable of transforming our behavior—we're a room full of sodomites. But what they are trying to do is transform the *meaning* of our behavior. The effort is to reassert the old morality that we've challenged, the morality of normalcy and deviance, of "mature" development, of "healthy" sexuality.



Publicly contesting the meaning of gayness at the Supreme Court. Ellen Shub photo.

The same point about what we are as a movement and what the current situation represents can also be illustrated by the Massachusetts Foster Care Policy, which identifies the "traditional family" as the ideal site for raising children. The point about the foster care policy is that it is explicitly directed at lesbians and gay men. Now twenty years ago, even fifteen years ago, such a policy would not have even included gays and lesbians as those not allowed to be parents, as those who were undesirable. It's like Queen Victoria not believing you had to mention women in the anti-homosexual laws. There was no recognized need to do so. We know lesbians and gay men have always raised children. But what was new, and what provoked the Massachusetts Foster Care Policy, was that an openly gay couple claimed the *right* to be parents, and that's what they said was not allowed. What the Foster Care Policy said was if you want to be parents or if you want equal treatment, stay in the closet. The policy will not stop lesbian and gay parenting—it can't do that. But what it can do is reassert that our sexuality makes us dangerous to children, that our parenting is *less than*, unfortunate, something to be survived, overcome, hidden, or denied. Likewise, the *Hardwick* decision cannot stop the practice of "homosexual sodomy." It is rather about reasserting that gayness *means* "unnatural," "subhuman," "without rights of citizenship."

The chorus is joined. The public response to AIDS, e.g., the proposals for quarantines, say gayness *means* disease. The dominant culture, and sometimes even the male-dominated gay movement, says lesbianism *means* failed women.

So this is what I believe we're up against in the culture—a battle over the meaning of gayness. And my argument to you today is that we cannot fight for the meaning of gayness is private; that we've got to join the battle where it has been called, we've got to fight it in public. This is not, however, the view that has dominated the gay movement. Rather the strategy for confronting the repression against us that *has* dominated our movement is what I'll call the liberal strategy or the privacy strategy. I think it's import to understand why that strategy has had such a powerful

stranglehold on our movement, what sustains it, why it keeps making sense to so many people. This is the strategy we confront in Massachusetts every time there's an effort to get a gay rights bill passed which there has been every year for the last thirteen years. I'm sure many of you have confronted such strategies when you've fought for gay rights bills in your states. It's also the strategy that many people believe is the way to fight *Hartwick*.

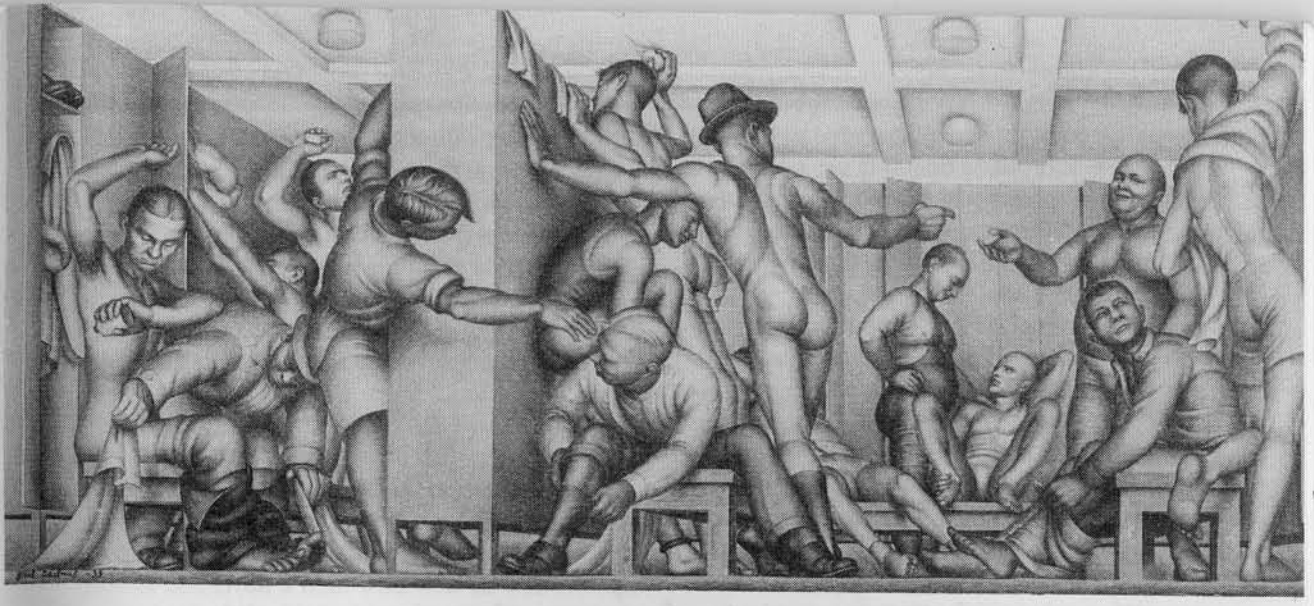
The strategy is to call for our right to privacy, and that's all. It's to say that's *all* we're asking. What's so big? The strategy is premised on an effort to avoid public confrontation. It prefers to fight for our right to privacy *in private,* behind closed doors, through backroom negotiations, in the inimitable words of Sue Hyde, it prefers to *lubricate* pieces of legislation to give us a space to cover our asses. It avoids the discussion of sexuality, of how we live and love, of how we're different. It avoids the acknowledgement of exactly what we've been talking about here today, and what our opponents know—that is, the centrality of sexuality to our communities.

The implication of privacy, the demand to be left alone, is defensive. It says *we're born this way, we can't help it*, but we have the right to exist. The invocation of privacy carries with it, I believe, our fear of exposure. We think if we put it out, put out who we are, what we do, that will give them power over us. The problem with this strategy is that it assumes their hatred, and it tries to bypass it. But I want to argue that it keeps it in place. It says, *Who could not vote for the right for someone to have shelter, no matter how vile, disgusting, perverse, or unnatural you think they are?* But it leaves exactly those evaluations of who people are in place, and that's why I don't think it can win.

Moreover, it fails to explain *why* when we've made demands that are so basic, since the demands involved in gay rights bills are only that gay people should have market rights, market freedoms—why, when we make such basic demands do we fail to get them. That's the problem that's not confronted by this strategy, because it tries to defuse what it is that we represent.

I believe that the gay historians help us understand why this strategy won't work for us. What the gay historians have done is to begin to expose and deconstruct heterosexuality. What they've shown us is that heterosexuality is in fact very insecure, it's very fragile. The identification of homosexuals as a distinct kind of person, a permanent psychological type is a relatively recent historical phenomenon. That gay people are set off as different, as outlaws, and degraded as deviants was less to define a gay identity than to define a *heterosexual* identity, when the basis for heterosexual bonding became less secure. The process of defining gay identity was not so much about controlling some deviants, it was about controlling the normals, it was about establishing a heterosexual identity when heterosexual bonding was losing all other rationales. Yet in that repressive process of defining our difference through the categories of normalcy and deviance, another possibility emerged, the possibility for a rebellious gay and lesbian identity, and a rebellious gay and lesbian culture. What we've done historically is to take the claim that we're different, and we've gone wild with it. We've created a definition of difference in our own terms. We've said that what defines us is not our genes, it's not our arrested development, our irresponsibility, self-indulgence or immature character structures. What defines us is that we refuse the lie of normality; we recognize that respectability has a precarious basis and that misery lies behind right living. This begins to point to why privacy fails even in its own terms. To demand that gays and lesbians be on equal ground with heterosexuality is to question the very foundations of heterosexuality.

Now, I use to think that the reason why we were so threatening was that we knew the secrets of heterosexual culture. I don't know if the rest of you have been reading about the Shere Hite report, as I did in *Time* magazine. I think the secret might be out! 82 percent of married women indicate they feel lonely in their relationships, and 98 percent of single women said they loved the freedom of calling their lives their own and find love affairs with men full of anxiety and arrogant behavior. I don't know if you noticed that on none of the measures of misery that she surveyed did women score lower than 75 percent. As feminists, I think we've



long known the lie of heterosexuality for women, that the inability to achieve successful, long-lasting heterosexual relationships is a sign of immaturity, selfishness, or failure as a woman. But we've discovered that gay men know a few secrets, too—we always knew they understood what football is really about! In addition, as part of our building for the March in Boston, we've been doing gay visibility events at places where gay people usually aren't welcome. We've gone to bowling alleys, and straight discos, and we've gone to the malls and to Walden Pond, and we've let people know that we were there. Now one of the most interesting things that happens in these straight discos is how many of the men ("straight-appearing and discreet") the gay men recognize from the gay bars!

Finally, I'd like to address a second strain of thinking in our community around questions of politics and sexuality. It's not a strategy or it's not *yet* a strategy, and this I think identifies its weakness in relation to the liberal privacy strategy that dominates. This is the position that calls for a public discussion of sexuality, that says openly what we want is a pluralist culture in which the diversity of human sexuality is recognized, a situation in which "a hundred lifestyles" can bloom. Advocates of this position recognize that in order to clear this space, we must suspend all judgments about other people's "lifestyles" and sexual practices, we must "keep morality out of it." But while this position may identity our goals, it fails to make clear what we have to do to get there. It fails to confront how deeply people remain tied to the public affirmation of a value system for their identities, even when their private behavior deviates: "*I'm not gay. I only sleep with real men.*" The call to suspend judgments becomes abstract. Guilt structures survive the practices they were meant to constrain. What this points to is the need for a political movement that can transform this vision into a strategy, a context for us to go through something that allows us distance from the even unconscious judgments that we hold, that form our identities before other people, but also to ourselves.

Now when we turn the "hundred lifestyles" vision outward to address a challenge to heterosexual culture, we further realize its falseness, how it doesn't represent an adequate response to the one lifestyle that has all the power. It's a delusion, not a challenge. When we claim space, we don't simply add another lifestyle. We shift the balance of power between them.

So, what I'm arguing is that our context is one that calls for a politics of disruption and a politics of disturbance, and that we have contributed to creating the disturbance, but the disturbance is out there, the culture is disturbed. Our public claiming of our existence, our identities, our "lifestyles," our sexuality with pride and dignity disturbs some deep assumptions in the culture. Our political job is to recognize that disturbance. Now I'm not arguing that I'm sure that we can win this way. I am sure that it's the only way that we have a chance.

Margaret Cerullo *has recently become involved in AIDS organizing. She is an editor of* Radical America *and teaches at Hampshire College.*

YMCA Locker Room, *1933. Painting by Paul Cadmus.*

PACKAGING THE *CONTRAS*

A Case of CIA Disinformation

Edgar Chamorro

© 1987 Edgar Chamorro and the Institute for Media Analysis. All rights reserved.

As we go to press in late March 1988, US troops are in Honduras, the Nicaraguan government is presently negotiating with the US-backed contras, *and the news of the first Iran-Contra indictments has been pushed from editorial prominence. Despite the recent Congressional rejection of continued aid to the* contras, *new proposals are now being floated by Democrats and Republicans alike. Press reports indicate the the American troops may be withdrawn shortly, but one interesting media commentary revealed that the unusually well-equipped military sent on this latest US intervention (hey, we're coming to an ally's defense) may purposefully leave their "equipment" behind.*

As a continued primer in Radical America*'s "what you read may not be what is really going on" media service, we are presenting these excerpts from a monograph by former* contra *leader, and public relations consultant, Edgar Chamorro. File it under, "all the news that's fitted to print."—Ed.*

The purpose of this report is to describe my experience with the Nicaraguan counter-revolutionaries, or *contras,* in their early years in order to clarify how the CIA develops such projects, the importance it places on packaging and marketing projects, and the role of disin-

This article is an excerpt from a monograph, "Packaging the *Contras:* A Case of CIA Disinformation" by Edgar Chamorro, published by the Institute for Media Analysis (New York: 1987). It is reprinted with permission from the Institute. Information about the Institute and its publications and activisties is available by writing them at 145 W. 4th St., New York, NY 10012.

formation in determining foreign policy, both covert and overt. My experience in public relations has made me acutely aware of the importance that packaging and publicity can make for any product. But my position as a Nicaraguan interested in the political reality of Nicaragua makes me take the future of my country more seriously than I would a new brand of beer.

The Approach

In the fall of 1982, I was working in my office at Cargill Investment Services in Miami, where I was a commodities futures broker. I received a phone call from a man who said he was calling on behalf of the United States government and wanted to meet me. I agreed to go to lunch with him. He introduced himself as "Steve Davis," said he knew I had been working with Nicaraguan opposition groups in Miami, and explained that the US government was interested in helping us to carry out our work.[1]

Davis came to see me several times, and brought other government officials to meet me. We discussed plans for establishing a new Directorate for the major Nicaraguan opposition group, the Nicaraguan Democratic Force, known by its Spanish acronym FDN (*Fuerza Democratica Nicaraguense*). I had been doing public relations work for one of the constituent members of the FDN, the *Union Democratica Nicaraguense* (UDN), a small organization operating out of a borrowed office. The FDN at that time had a military General Staff and a three-man civilian junta, later renamed the Directorate (to dispel the military aura), comprised of Aristides Sanchez, Mariano Mendoza, and Francisco Cardenal.

Although the junta had not discussed changing its membership, the CIA was evidently asking me to join a new, expanded Directorate, which included none of these three,[2] although Cardenal, because he had seniority and had been Vice-president of the Council of State in the early post-Somoza months, would have been a logical choice to remain. (Later I found out that Cardenal had been vetoed by the Argentinian officers and the Somocista *contra* leaders because he was not sufficiently militaristic.)

I was pleased to hear that the US was interested in helping a group of Nicaraguan exiles to achieve our political goals. It meant that my political work, which had been limited to a few meetings, some pamphlets, and an occasional trip to another city, would be strengthened and become more important and effective. And I was pleased that if the US was going to help organize the opposition in exile, they would select me to be one of the leaders and would ask my advice.

I understood the role that the US could play in determining the leadership of Nicaragua. The US government had liked the Chamorro family, and had helped to put Chamorros in power. In the early part of this century, when the United States was unhappy with the independent stance that the Nicaraguan government was taking, the US Marines were sent to Nicaragua to destabilize the situation. As a consequence, the party of the Chamorros, the Conservatives, came to power, and within a few years, Emilano Chamorro, my great-granduncle, was president.[3] When the US government employee approached me in Miami in 1982, I thought, "Who knows? Maybe the Americans will make me president, too."

Forced to choose: The Church or the Sandinistas. NACLA, Report on the Americas.

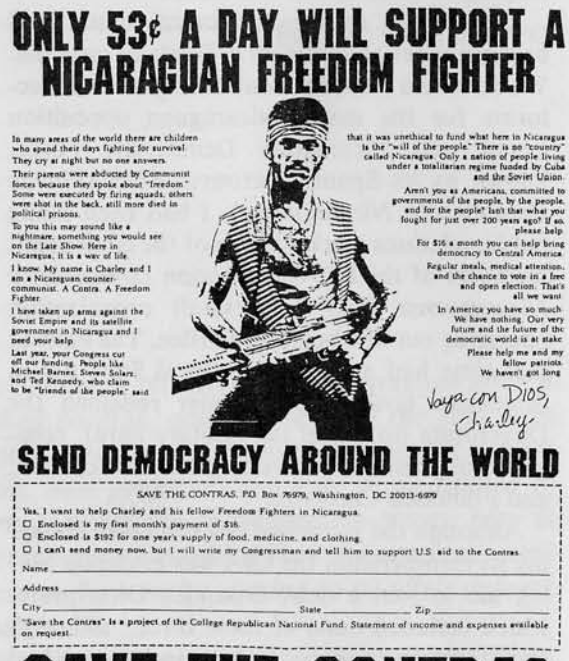
I felt that I was well qualified to be a leader of the Nicaraguan opposition. My family had always been, and continues to be, very influential in Nicaragua. I am a direct descendent of four Nicaraguan presidents. Until 1969, I had been a Jesuit priest, ultimately Dean and full professor at the University of Central America, the Jesuit university in Managua. I had been a longtime member of the Conservative Party in Nicaragua, which opposed the Somoza dictatorship, and in 1977, after Somoza had made a deal with our party to survive, I served briefly as the representaive of the Conservative Party in the Nicaraguan mission to the United Nations.

In June of 1979, as the war against Somoza reached Managua, and as Somoza's troops began to bomb the capital, I was worried about my family's safety in Managua and took them out of the country. After Somoza's defeat in July, I was unhappy with the Sandinistas' vision of change for Nicaragua. It had been a large coalition of diverse political groups that had contributed to the demise of the dictatorship of Somoza, but it was the Sandinistas who coordinated the final political-military victory, and who emerged as the dominant political force in the country. Their rhetoric was unfamiliar and a bit frightening to many Nicaraguans.

Public Relations

The CIA saw me as a useful tool not only because of my respectability in Nicaragua, but also because my experience in public relations would come in very handy for the work of the *contras.* My background in this field began in 1972, when I returned to Nicaragua after studying in the United States. While I was working as a personnel and human relations consultant at the Nicaragua Sugar Estates, I began to do public relations and advertising work for that company on an independent basis. Among other things, I handled the accounts that promoted Flor de Caña rum and Toña beer, and developed some very effective campaigns to promote a new image for the products. I became acquainted with the world of public relations and advertising. I got to know the people, the techniques, the jargon, and the whole process of conceiving, planning and carrying out a full-fledged campaign, which included doing market surveys to target potential audiences or consumers, brainstorming clever ways to make the products appealing and constant evaluation of the results of the campaign. Our first project in the campaign was for the new Directorate to have a press conference.

I was a bit uncomfortable with this idea, because as a newly formed group, we obviously did not have much to announce. But the press conference was the first priority of our advisers; their whole purpose in appointing a new Directorate was to improve the image of the *contras.* They did not want us to *function* as a Directorate as much as they wanted us to give the *image* of a Directorate and to be visible. The background and profession of each of the members was important, but not so much for what that person could contribute as a leader as for the appearance of balance and broad support. Similarly, the press conference was important not so much for the information we could provide as for the impression we would give.


ONLY 53¢ A DAY WILL SUPPORT A NICARAGUAN FREEDOM FIGHTER
In many areas of the world there are children who spend their days fighting for survival. They cry at night but no one answers.
Their parents were abducted by Communist forces because they spoke about "freedom." Some were executed by firing squads, others were shot in the back, still more died in political prisons.
To you this may sound like a nightmare, something you would see on the Late Show. Here in Nicaragua, it is a way of life.
I know. My name is Charley and I am a Nicaraguan counter-communist. A Contra. A Freedom Fighter.
I have taken up arms against the Soviet Empire and its satellite government in Nicaragua and I need your help.
Last year, your Congress cut off our funding. People like Michael Barnes, Steven Solarz, and Ted Kennedy, who claim to be "friends of the people," said that it was unethical to fund what here in Nicaragua is the "will of the people." There is no "country" called Nicaragua. Only a nation of people living under a totalitarian regime funded by Cuba and the Soviet Union.
Aren't you as Americans, committed to governments of the people, by the people, and for the people? Isn't that what you fought for just over 200 years ago? If so, please help.
For $16 a month you can help bring democracy to Central America.
Regular meals, medical attention, and the chance to vote in a free and open election. That's all we want.
In America you have so much. We have nothing. Our very future and the future of the democratic world is at stake.
Please help me and my fellow patriots. We haven't got long.
Vaya con DIOS, Charley
SEND DEMOCRACY AROUND THE WORLD
SAVE THE CONTRAS, P.O. Box 76979, Washington, DC 20013-6979
Yes, I want to help Charley and his fellow Freedom Fighters in Nicaragua.
☐ Enclosed is my first month's payment of $16.
☐ Enclosed is $192 for one year's supply of food, medicine, and clothing.
☐ I can't send money now, but I will write my Congressman and tell him to support U.S. aid to the Contras.
Name
Address
City State Zip
"Save the Contras" is a project of the College Republican National Fund. Statement of income and expenses available on request.
SAVE THE CONTRAS

Poster withdrawn after protest from the Save the Children Federation. College Republican National Fund.

The Press Conference

The American advisers trained the Directorate well for our first public appearance. They

brought two lawyers to a meeting with some of the members to explain the Neutrality Act[4] to us, so that we would be able to tailor our language to make our work appear to conform to the law. They asked us the questions they anticipated would be raised in the press conference, and when we answered "incorrectly," or with information they did not want revealed, they instructed us to change our answers.

One adviser said to me, "Let's say a reporter asks you, 'Mr. Chamorro, do you receive money from the US government,' what will you say?" My initial response was to say, "Yes, we have received some money . . . ." But I was told to say no, to say that we had received money from many concerned individuals, from people who supported our work but who would remain anonymous because they had a right to their privacy. The advisers were really concerned about a particular question they knew we would have to answer: whether we had met with, or been organized by, people from the outside. Again, we were instructed to say that we had not met with anyone else, and it was particularly important that we deny having met with any US government officials. And finally, when asked about our objectives, we were to expressly deny that we intended to overthrow the Nicaraguan government, and instead use the pre-fabricated phrase, that we were "creating the conditions for democracy."

We rehearsed our responses to very direct and specific questions with forthright and firm answers. Indeed, at the press conference the morning of December 7, 1982, at the Hilton Convention Center in Fort Lauderdale, Florida, the reporters did ask, very directly, precisely the questions that we had been told they would ask. I, as the spokesman for the Directorate, answered just as directly with responses that were often, in fact, quite untrue.

Although we had supposedly formed this Directorate on our own, in fact, some of us hardly knew each other. It was only the night before the press conference that we all were to gather for a party, and some of the members did not come to that. We had been brought to the hotel, in separate cars, by three CIA officers—"Tony Feldman," to whom I had been introduced by Davis; "Tomás Castillo," who came with Feldman to supervise the operation; and "George," Feldman's assistant. (It was only much later that I learned that Castillo was actually Joseph F. Fernández, who in 1984 was promoted to CIA Chief of Station in San José, Costa Rica. George eventually gave me his card, when he was at the US Embassy in Tegucigalpa; it said he was *Segundo Secretario, Embajada de los Estados Unidos,* and that his name was John W. Mallet. I never learned Tony Feldman's real name.) The next morning, they went to a fast-food restaurant to wait for the press conference to finish.

Sitting behind a long table, six of the seven members of the Directorate (Adolfo Calero was not present and was repesented by an empty chair) gave the impression that we represented different sectors of the Nicaraguan population. There was the intellectual/cultural man, the military man, the private-sector man, the human-rights woman (the CIA wanted it to be a woman), the very Catholic man, and so on.

Radio Stations

Another element of the public relations work directed at people inside Nicaragua or on the border with Honduras was the FDN's "clandestine" radio station, *Radio 15 de Septiembre.* I say clandestine because it was not officially recognized by the government of Honduras; however, it was not actually hidden. It operated openly, with implicit support from the Hondurans, and the FDN public relations office oversaw its productions. There were also other clandestine radio stations financed, directed and monitored by the CIA to help the *contras.*

Radio 15 Septiembre was located on a hill outside Tegucigalpa, convenient to our offices. We got technical assistance for maintaining equipment from the CIA, and a CIA man helped oversee the daily production of programs. The tape for each day's program was prepared and edited in the morning and then broadcast five times, once at 4:30 pm, when the peasants return to their houses after work; again at 8:30 pm, for those in the cities; again at 11:00 pm; at 5:30 am the next morning with a few changes; and finally that day at noon.

The programming included a section of combat news, when triumphs, advances, and special of-

fensives by FDN troops were announced (regardless of their actual successes or failures), as a way to boost morale among the troops and to persuade others to join the *contras*. There were diatribes against the Sandinistas, accusing them of human rights violations, mistreatment of prisoners, rapes and assassinations, and of running a communist dictatorship whose leaders lived in palaces. Programs also included slogans, songs, news commentaries, and an occasional forum with visiting commentators.

At times the narration would deteriorate into crude insults, and the CIA had to advise a more refined broadcasting style. There were occasional clashes between the way the CIA expected the station to sound and the Nicaraguan notion of popular radio. The CIA had Voice of America in mind, with newsreel commentaries in a Walter Cronkite voice. Spanish language radio, and especially popular radio, is much more effusive and enthusiastic, and some of our amateur announcers were particularly unrestrained. The CIA's image interfered with the effective implementation of their own goal to reach popular audiences, because their model was inappropriate in the Central American context.

Poster printed by FDN and distributed throughout Nicaragua in the spring of 1983. NACLA.

Eventually the CIA opened a radio station in Costa Rica, *Radio Impacto,* that purported to be a commercial station operated by Latin American investors. The investors, from Venezuela were acting for the CIA with CIA money. The station played music and had commercials, but broadcast a great deal of anti-Sandinista propoganda. It was very powerful, broadcast simultaneously on four different shortwave bands (to make jamming much harder), and was heard in parts of Nicaragua that the clandestine stations could not reach. In Honduras, the FDN didn't have its own commercial front station, but it paid stations along the border with Nicaragua to broadcast FDN programs. In effect, the FDN rented the radio stations. It also paid radio announcers to read reports of the FDN or denunciations of the Sandinistas into news broadcasts.

The Unique Role of Television

We gave special attention to television reporters, and staged a number of scenes for their benefit. Television crews were given special privileges, such as flying in *contra* planes for supply drops and going to *contra* camps. The resulting footage often made for more exciting evenings news segments and created a good impression of the *contras.* Footage shot in training camps showing soldiers taking practice shots on a firing range was later edited so it appeared that the troops were engaged in actual combat. The same footage has been used to this day as background for news reports when the location of the event does not have to be identified.

In October 1983 the FDN staged a *contra* action for NBC correspondent Fred Francis. Calero and a few staff flew a reporter and a camera crew in a helicopter belonging to the Honduran Air Force to Banco Grande, a base on the Honduran side of the Rio Coco. There, Calero and his men forged the knee-high river into Nicaragua, and Calero reverently picked up a handful of Nicaraguan soil for the benefit of the television crew.

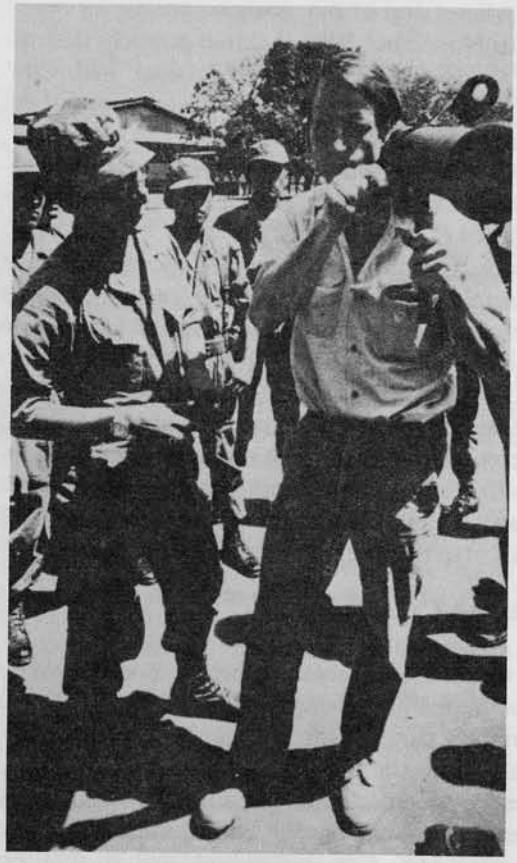
We also arranged for a television crew to film a supply drop. They took off in Honduran helicopters from the Honduran Air Force base at Aguacate, where the *contras* kept supplies. The reporters were asked to keep the location of the base secret, creating the impression that the base was inside Nicaragua. The scene of bundles of supplies being kicked into the jungle was a good one for television.

On another occasion, an expedition was arranged for Maureen Moore of NBC to the lagoons near Puerto Lempira, on the Atlantic coast of Honduras, where there are Miskito Indian camps. I had called Adan Artola, the chief of the Miskito *contra* group, Misura, and asked him to get a diving team ready. He recruited some fishermen, young men who liked to swim, to don underwater diving equipment and pretend they were laying mines. Mines were later actually laid by the CIA, but the NBC television crew was happy to go along with our staged event, and to show this "practice."

In fact, the CIA was shortly to begin laying mines around the Nicaraguan coasts, and it was very important to create the impression that the *contras* themselves had the capacity to do this on their own. When the harbor-mining scandal finally broke, in 1984, it became clear that neither Miskitos nor any other *contras* had been laying mines, and the entire operation became an embarrassment, amidst considerable Congressional anger.[5]

Conflict with CIA Over Press Work

Even though I took my public relations work for the FDN seriously and did what I could to establish good relations with the press, the CIA often took issue with what I said to reporters. The first time I received a reprimand from the CIA for my press work occurred in April 1983, after I was interviewed by Tom Siegel and Pamela Yates of Skylight Pictures. Terrell Plantinga, a CBS correspondent, had requested that they be allowed to film with the *contra* troops. My understanding was that they were filming for CBS, as stringers. They filmed me giving the troops a pep talk, saying that the FDN was going to overthrow the government in Nicaragua. I could not give a pep talk to troops using our official platform and merely say that if we were victorious, we would interdict an arms flow to



Getting into the act—a journalist shoulders a bazooka in El Salvador. Richard Cross photo, NACLA.

El Salvador or put pressure on the Sandinistas to make room for democracy in Nicaragua. But my speech was used by filmmakers in an anti-*contra* film, and the pep talk was later used by Senator Moynihan as "proof" of the *contras*' intentions.

Siegel and Yates also asked me what the purpose and goals of the FDN were. I answered that we wanted to overthrow the Sandinista government and replace it with a different one. That seemed like an obvious point to me. But shortly after the interview, a CIA agent called me at my home. He instructed me to say that I had not meant what I said. He explained that saying those things would create problems in Washington, especially with Congress. He also gave me a short speech on the dangers of the press, saying that reporters are sharks whose purpose is to manipulate. But I had not been manipulated; I had answered a question frankly and honestly. The problem was that I had not manipulated my answer to square with the

CIA's version of our goals.

In November 1984, I stated publicly that the CIA was coaching the FDN's work with Congress. My statements caught the attention of the Senate Intelligence Committee. The Chairman, Senator Moynihan, stated, "If substantially accurate, these charges reflect an invasion of the privacy of Members of Congress and improper conduct about which the intelligence oversight committees of the Congress have to inquire."[6] But despite his statement, as far as I know, no such inquiry was made. A year later, after an article in the *New Republic*[7] got Senator William Proxmire (Dem.-Wis.) concerned, the General Accounting Office (GAO) conducted a brief investigation, issuing an outrageously short report stating, despite everything I told them, that I had offered them no "proof" of my charges.[8]

The Ad Campaign

One of the most important operations we conducted was to create the impression that our funding came from "private" sources, rather than from the CIA. To help in this deception, we were instructed to run advertisements in US newspapers asking for contributions, to have fundraising meetings with wealthy conservatives, and to report frequently to the press of our successes in these endeavors. The administration supported this deception; a typical article, by Philip Taubman in the *New York Times* of September 9, 1983, opened like this:

> Nicaraguan rebels have raised more than $10 million dollars in the last six months from private corporations and individuals in the United States and from foreign governments, including Israel, Argentina, Venezuela, Guatemala and Taiwan, according to Reagan Administration officials and rebel leaders.[9]

Mario Calero told Taubman, "We're raising more than $1.5 million a month, much of it donated by private Americans and corporations, including some large, well-known companies."

On July 26, 1984, we ran a quarter-page ad in the *Times*, designed and paid for by the CIA. It announced: "The Victims of Communist Dominated Nicaragua Need Your Help." We ran similar ads in the June 15, 1984 New Orleans *Times Picayune,* and the July 2, 1984, *Miami Herald,* all in the name of the Human Development Foundation, Inc. of Miami, a front the FDN had established in Panamá in 1983. For a long time the American public was fooled into debating the merits and demerits of the "privatization" of the war, when it was not privatized at all.

Summing Up

My career with the *contras* came to a head in the uproar over the psychological operations manual.[10] I attempted to excise parts of it, including the material on "neutralization" or assassination, in eliminating selective targets. But I was overruled. This was my final recalcitrance. Within a month, my resignation from the *contras* was requested. I was pleased to oblige, and my association with them ended officially on November 21, 1984.

My willingness—indeed my eagerness— to leave was the product of many factors, culminating in a personal struggle, but there were objective factors at work too. I saw them both as matters of form and as matters of substance.

The matters of form related to a steadily increasing sense of unreality, as exemplified by the language used in the campaign to promote the *contras.* It was reminiscent of Orwell's doublespeak, on the one hand, and of commercial advertisements, on the other. It had no relation to objective reality. Counterrevolutionaries hand-picked by the CIA were compared to founding fathers. The desperate need for "leaders" made the CIA promoters of the *contras* use all the repackaging techniques for marketing a new product. "New and fresh," with the "US seal of approval" became the Reagan administration's standard for success. More than four times, the *contra* leadership was repackaged—each time with a new "peace initiative"—just before a military offensive, or an attack on Congress to get more funds.

Instead of admitting that our objective was to overthrow the Nicaraguan government, we were instructed to say that is was to create conditions for democracy. Instead of acknowledging that there were some Somocistas in the organization, we were to call our troops freedom fighters. We were supposed to say that Somocismo was dead and buried with Somoza. In reality the *contras*

were not working for freedom or democracy, but to go backwards in time, to a repressive, rightwing military government.

Contra leaders had all the prestige of the Oval Office behind them. They dressed for the occasion, traveled in opulence, and were seen surrounded by respected personalities.

It was usual to emphasize only one small part of an overall plan. The idea was to put forth a "minimum plan," with the least commitment and the least likelihood of being implemented, while passing over a "maximum" plan as though it were not to be used. Another technique was to use terms such as "freedom" and "democracy" repeatedly and vaguely, so that the concepts would be accepted even though the audience had no idea what was meant.

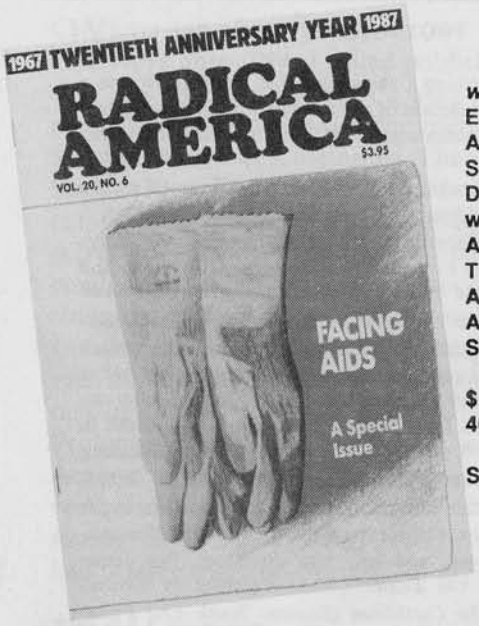
Finally, we specialized in creatively confusing the general public, Congress, and the press, by establishing groups parallel to those of the Sandinistas or of the US peace movement, creating human rights organizations, peace initiatives, and the like, until no one could be sure whose proposals were whose, or which organizations were artificial and which were real.

A Footnote: Deportation Proceedings

After I was asked to leave the *contras,* I gave numerous interviews and discussed my experience openly. In June of 1985, after I had made a trip to Washington to talk with Congress and had published an Op-Ed in the *New York Times*, the INS began deportation proceedings against me. The Miami district director of the Immigraton and Naturalization Service (INS) said, "I happened to read stories [Chamorro] wrote in the *New York Times* and the *Miami Herald* this week. . . so I asked for the file."[11] The deportation actions were clearly motivated by my public speaking and writing about the Administration and CIA war against Nicaragua. The INS action was another effort to control the terms of the debate on Central American policy in particular and on foreign policy in general. After my case had been brought to the attention of Congress and of the press, I received a letter from the Miami district director saying that the proceedings against me had been a "mistake."

FOOTNOTES

1. I later learned, as I suspected, that Steve Davis was a pseudonym. For details of my meeting with him, see Edgar Chamorro, "Confessions of a Contra," *New Republic,* August 5, 1985.
2. Aristides Sánchez remained secretary-general of the Directorate, and later rejoined as a Director when I left.
3. In 1909 the Liberal government of José Santos Zelaya had the temerity to negotiate with Britain for a loan and with the Japanese over a projected canal. The US-backed revolution against the Liberals and installed the Conservatives, who made their loans and deals with the Americans. When that government began to appear incapable of maintaining power, the US sent in the Marines, who occupied Nicaragua from 1912 to 1933 (with a brief break in 1925-26). In 1933 the US troops withdrew, after installing Anastasio Somoza García as head of the National Guard. The next year Somoza lured Augusto César Sandino, leader of a serious nationalist insurrection, to purported disarmament negotiations, and had him murdered. See Jenny Pearce, *Under the Eagle: US Intervention in Central America and the Caribbean* (Boston: South End Press, 1982), pp. 19-20.
4. The Neutrality Act is found at Title 18 U.S.C. §960; it criminalizes anyone who, "within the United States, knowingly begins or sets foot on or provides or prepares a means for or furnishes the money for, or takes part in, any military or naval expedition or enterprise to be carried on from thence against the territory . . . of any foreign . . . state . . . or people with whom the United States is at peace . . .." The preceding section, §959, deals specifically with mercenarism. It criminalizes anyone who, "within the United States, enlists or enters himself or hires or retains another to enlist or enter himself, to go beyond the jurisdiction of the United States to be enlisted in the service of any foreign . . . state . . . or people as a soldier of fortune . . .."
5. Such indiscriminate mining of harbors used by commercial, international vessels, was a clear and serious violation of international law, as later confirmed by the World Court. See *Nicaragua v. United States of America,* Judgment of June 27, 1986, decisions (6), (7), and (8), pp. 138-139.
6. *Miami Herald,* November 16, 1987.
7. *Op. cit.* above, n. 1.
8. General Accounting Office Report, *CIA Activities: Allegations of Lobbying Assistance,* December 1985.
9. "Nicaraguan Rebels Reported to Raise Millions in Gifts," *New York Times,* September 9, 1983.
10. Robert Parry, "CIA Comic Book Instructs Nicaraguans on Sabotage," *Hartford Courant* [AP], June 30, 1984.
11. Brian Barger in the *Miami Herald,* June 29, 1985.



VOL. 20, NO. 6

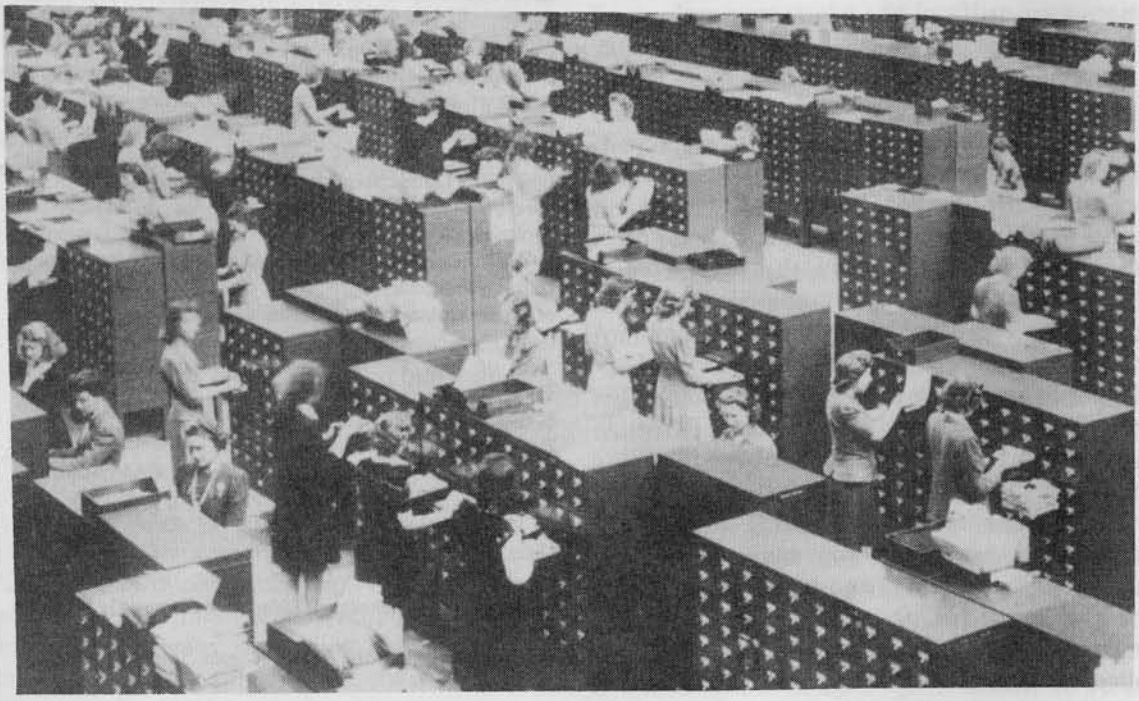
SEX, COMMUNITY, AND POLITICS IN THE AGE OF AIDS

with INSURING PROFITS FROM AIDS: The Economics of an Epidemic by Mark McGrath and Bob Sutcliffe; RACE, SEX, AND AIDS: The Construction of 'Other' by Evelynn Hammonds; SCIENCE FICTIONS: The Making of a Medical Model for AIDS by Deb Whippen; TO HAVE WITHOUT HOLDING: Memories of Life with a Person With AIDS by Joe Interrante; LATINA WOMEN AND AIDS by Dooley Worth and Ruth Rodriguez; RESISTANCE AND THE EROTIC: Reclaiming History, Setting Strategy, As We Face AIDS by Cindy Patton; Testing the Black Community; VISUAL AIDS: Advertising Ignorance by Simon Watney; Poems by Ron Schreiber.

$3.95
40% Discount for five or more.

SECOND PRINTING!

FOR A MORE ORGANIZED **RADICAL AMERICA. . .**



WHY NOT GIVE US AN IBM COMPATIBLE COMPUTER?

If you can help us get rid of our archaic, outmoded, impractical, impossible system, please call or write Radical America, *1 Summer St., Somerville, MA 02143. (617) 628-6585*

VOL. 20, NO. 4

"The Sexual Politics of Women's Blues", Challenging Gender and Race Myths, Remembering Simone De-Beauvoir, Filipino Left and Cuban Film.

VOL. 20, NO. 2-3

"Chernobyl": Implications for Activists; Chernobyl, USA and 'Town Born of the Atom', plus Vietnam Deja Vu, South Africa Divestment, Homelessness.

VOL. 18, NO. 5

SPECIAL ISSUE ON WOMEN AND LABOR ACTIVISM with articles on Comparable Worth; the Yale University Strike; Trade Unionism and Feminism in Italy, Canada, and Britain.

VOL. 18, N. 2-3

"Listening to the Voices of Black Feminism"; Children and Language; Socialist and Utopian Women in the 19th Century; Labor Control in Japan; and debates on Anti-Semitism and Abortion.

SPECIAL OFFER

SUBSCRIBE NOW AND RECEIVE ANY TWO OF **RADICAL AMERICA'S** RECENT ISSUES **FREE!** ($8.00 value with a new one year subscription). Use this tearsheet. **(See ads this issue)**
issues.

Yes, send me
►select 2◄

"Youth and Popular Culture"
"Voices of Black Feminism"
"Chernobyl"
"Women and War"
"Technology: Tarnished Promise"
"Questions for the Peace Movement"
"Women and Labor Activism"
"Bananas, Bases, and Patriarchy"
"Germany: Left and Right"
"Women Blues Singers"

"Radical America provides depth that leftist weeklies . . . can't give . . . The magazine is successful in the tall order of being both serious and readable . . ." UTNE READER July/August 1987

VOL. 20, NO. 5. SPECIAL ISSUE ON "RACE & COMMUNITY CONTROL, MEDIA, POLITICS" with 'Blueprint for Tomorrow: The fight for community control in black and Latino Boston,' 'The Mandela Campaign: An overview,' 'Community & Kinship, History & Control: Two organizers view development and Boston's neighborhoods,' 'Winter in America: Notes on media and race,' 'Anti-racists and other demons: The Press and Ideology in Thatcher's Britain.' **Also included, 'In Search of Common Ground: A Review Essay' James Green's searing critique of the Pulitzer Prize history of busing in Boston.**

Vol. 20, No. 1. "Women & War" issue featuring 'Conflict, Fear, and Security in the Nuclear Age: The Challenge of the Feminist Peace Movement in Italy,' 'Her Story of War: Demilitarizing Literature and Literary Studies,' 'On the German Question: Left, Right, and the Politics of National Identity,' 'US Media and the "Election Coup" in the Philippines,' as well as 'Letter from Berlin,' and a tribute to Genet.

Vol. 19, No. 6. "Technology: The Tarnished Promise" featuring 'Reproductive Engineering and the Social Control of Women,' 'Border Wars: The Science and Politics of Artificial Intelligence,' 'Notes for Reproductive Rights Activists,' the new Hollywood Red Scare, and "David Horowitz: The Politics of Forgetting."

Vol. 19, No. 5. SPECIAL ISSUE ON WEST GERMANY TODAY with articles on Bitburg, Fassbinder, Anti-Semitism and the Left, Crisis in the Greens. Also a report on elections in Guatemala, and interviews with Nicaraguan coffee workers.

Vol. 19, No. 4 with "Bananas, Bases, and Patriarchy: Women and the Militarization of Central America" by Cynthia Enloe.

Vol. 19, Nos. 2-3. SPECIAL ISSUE ON THE BRITISH MINERS' STRIKE OF 1984-85 with articles by John Field, Bob Sutcliffe, and Larry Goldsmith and Brian Flynn; Also, articles on the IWW, and the working class in the academy.

Vol. 19, No. 1. SPECIAL ISSUE- "QUESTIONS FOR THE PEACE MOVEMENT: ANTI-INTERVENTIONISM & ANTI-MILITARISM" with articles by Noam Chomsky, Eqbal Ahmed, Susan Levene, and Dan Smith.

Vol. 18, No. 6. SPECIAL ISSUE ON CULTURE AND YOUTH" with articles on "Women in Pop Music," Punk and Hip Hop Subcultures; Rock against Sexism, and "Zoot Suits and Style Warfare, and "Confessions of a 'movement DJ'." Illustrated galore.

For listing of other back issues, and details of RA's special subscription offer, see p. 19 or inserts in this issue.

RADICAL AMERICA
VOL. 20, NOS. 2 & 3
"A TOWN BORN OF THE ATOM"- IMPLICATIONS FOR ACTIVISTS - CHERNOBYL USA
RADICAL AMERICA
VOL. 20 NO. 1
$3.50